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VETERANS' ADMINISTRATION MEDICAL
CORPS BILL. HEARINGS. H.R. 4225.
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U.S. Congress. House. Committee on World War
Veterans' Legislation

VETERANS' ADMINISTRATION MEDICAL CORPS BILL

HEARINGS

BEFORE THE

COMMITTEE ON WORLD WAR VETERANS' LEGISLATION

HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

FIRST SESSION

ON

H. R. 4225

(Bill revised and later reported under H. R. 4717)

A BILL TO ESTABLISH A DEPARTMENT OF
MEDICINE AND SURGERY IN THE
VETERANS' ADMINISTRATION

ALSO

TESTIMONY PERTAINING TO H. J. Res. 241, H. R. 571,
H. R. 2379, H. R. 2448, H. R. 3114, H. R. 3522, H. R. 3799,
H. R. 3938, H. R. 4134, and S. 447

OCTOBER 9, 10, AND 12, 1945

Printed for the use of the
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VETERANS' ADMINISTRATION MEDICAL CORPS BILL

TUESDAY, OCTOBER 9, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order.

Members of the committee, we have General Bradley, the Administrator of Veterans' Affairs, with us this morning and will ask him to come around and present his views, particularly on the bill H. R. 4225, I believe it is, to establish a Department of Medicine and Surgery in the Veterans' Administration and then his views in the other fields of veterans' legislation that he desires to discuss and the members desire to inquire about.

General, I will ask you to come around to this table if you will.

General, you can go ahead. You gentlemen all know General Bradley, the Administrator of Veterans' Affairs.

STATEMENT OF GEN. OMAR N. BRADLEY, ADMINISTRATOR OF VETERANS' AFFAIRS

General BRADLEY. Mr. Chairman, with your permission I will first read a short statement covering the general project of legislation.

The CHAIRMAN. First, since we are going to take up this Medical Corps bill, if it is all right with the committee I will insert a copy of the bill here at this point. I will insert a copy of H. R. 4225 in the record at this point.

(H. R. 4225 follows.)

[H. R. 4225, 79th Cong., 1st sess.]

A BILL To establish a Department of Medicine and Surgery in the Veterans' Administration

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby authorized and established in the Veterans' Administration a Department of Medicine and Surgery under a Surgeon General. The functions of the Department shall be those necessary for a complete medical and hospital service to be prescribed by the Administrator of Veterans' Affairs pursuant to law, and to regulations established pursuant to law.

SEC. 2. The Department of Medicine and Surgery shall include the following: Office of the Surgeon General; Medical Corps; Dental Corps; Nurse Corps; Auxiliary Corps; and Reserve Corps.

SEC. 3. (a) The Office of the Surgeon General shall consist of the Surgeon General, one Deputy Surgeon General, eight Assistant Surgeons General, and such other commissioned personnel, noncommissioned personnel, and civilian employees as may be authorized by the Administrator of Veterans' Affairs.

(b) The Surgeon General shall be the Chief of the Department of Medicine and Surgery and shall be directly responsible to the Administrator of Veterans' Affairs for the operations of the Department. He shall be a qualified doctor of medicine, appointed from the Regular Medical Corps (except as to the original appointment) for a four-year term by the President, upon the recommendation of the Administrator of Veterans' Affairs. During the period of his appointment as such, the Surgeon General shall be of the same grade, with the same pay and allowances, as the Surgeon General of the Army.

(c) The Deputy Surgeon General shall be the principal assistant of the Surgeon General. He shall be a qualified doctor of medicine, appointed from the Regular Medical Corps (except as to the original appointment) for a four-year term by the President, upon the recommendation of the Administrator of Veterans' Affairs. During the period of his appointment as such, the Deputy Surgeon General shall be of the same grade, with the same pay and allowances, as the Deputy Surgeon General of the Army: *Provided*, That, if there be no Deputy Surgeon General of the Army, the Deputy Surgeon General shall be of the next grade lower than that of the Surgeon General, with the same pay and allowances of the corresponding grade in the Army.

(d) There shall be eight Assistant Surgeons General: *Provided*, That one shall be a qualified doctor of dental surgery appointed from the Regular Dental Corps (except as to the original appointment), who shall be directly responsible to the Surgeon General for the operations of the Dental Service. Each shall be appointed for a four-year term by the President, upon the recommendation of the Administrator of Veterans' Affairs. During the periods of their appointments as such, the Assistant Surgeons General shall be of the same grade, with the same pay and allowances, as the Assistant Surgeons General of the Army.

(e) There shall be a Director of Nursing Service who shall be responsible to the Surgeon General for the operations of the Nursing Service. She shall be a qualified registered nurse, appointed from the Regular Nurse Corps (except as to the original appointment) for a four-year term by the Administrator of Veterans' Affairs, upon the recommendation of the Surgeon General. During the period of her appointment as such, the Director of Nursing Service shall hold the grade of director in the Department of Medicine and Surgery.

(f) The Administrator of Veterans' Affairs, upon the recommendation of the Surgeon General, may appoint from their respective corps, for four-year terms each, a chief pharmacist, a chief dietitian, a chief physical therapist, and a chief occupational therapist. During the period of his appointment as such, each chief shall hold the chief grade in the Department of Medicine and Surgery.

(g) After the original appointment to the grade of Surgeon General, of Deputy Surgeon General, of Assistant Surgeon General, or as head of any component corps or service, a vacancy in that grade shall be filled by appointment from regular officers of the respective corps or service who have served not less than two years in the next two highest permanent grades.

(h) Upon the expiration of the term of appointment of any officer appointed under the provisions of this section, unless reappointed, or retired under the provisions of section 14 (d), each shall revert to the grade and number in the respective corps that he would have occupied had such appointment not been made.

Sec. 4. The Medical Corps shall consist of the following officers: One hundred and thirty-four in the grade of director, two hundred and three in the chief grade, five hundred and twenty-five in the senior grade, seven hundred and twenty-seven in the full grade, and nine hundred and ninety-six in the associate grade.

Sec. 5. The Dental Corps shall consist of the following officers: Fifteen in the grade of director, twenty-three in the chief grade, fifty-nine in the senior grade, eighty-one in the full grade, and one hundred and eleven in the associate grade.

Sec. 6. The Nurse Corps shall consist of the following officers: Thirteen in the chief grade, one hundred in the senior grade, two hundred and sixty in the full grade, four thousand in the associate grade, and eleven thousand six hundred and sixty-six in the assistant grade.

Sec. 7. The Auxilliary Corps shall consist of the following services:

(a) Pharmacists, five officers in the senior grade; fifteen officers in the full grade; twenty-five officers in the associate grade; and one hundred and nineteen officers in the assistant grade.

(b) Physical therapists, twenty-six officers in the senior grade; seventy-five officers in the full grade; one hundred and twenty-five officers in the associate grade; and six hundred officers in the assistant grade.

(c) Occupational therapists, twenty-four officers in the senior grade; seventy-one officers in the full grade; one hundred and eighteen officers in the associate grade; and five hundred and sixty-eight officers in the assistant grade.

(d) Dietitians, twenty-five officers in the senior grade; seventy-three officers in the full grade; one hundred and twenty-one officers in the associate grade; and five hundred and eighty-four in the assistant grade.

(e) Other scientific personnel, such as pathologists, bacteriologists, chemists, biostatisticians, and other medical and dental technologists, as the Administrator of Veterans' Affairs may deem necessary in the medical care of veterans, not to exceed one officer in the chief grade; six officers in the senior grade; twenty-four officers in the full grade; thirty officers in the associate grade; and thirty-nine officers in the assistant grade.

(f) The Auxiliary Corps shall further include such noncommissioned personnel as the Administrator of Veterans' Affairs may deem necessary, to be appointed without regard to civil-service laws, in the several grades of warrant, principal, master, technical, staff, junior, and auxiliary.

SEC. 8 (a) The several corps shall each include a Reserve Corps in addition to the Regular Corps. All commissioned officers and noncommissioned personnel of the Reserve Corps shall be appointed without regard to civil-service laws, and in such number and grades as are deemed necessary by the Administrator of Veterans' Affairs. Commissioned officers shall be appointed by the resident upon recommendation of the Administrator of Veterans' Affairs. Noncommissioned personnel shall be appointed by the Administrator of Veterans' Affairs: *Provided*, That authority may be delegated to appoint such personnel subject to regulations.

(b) Commissioned officers and noncommissioned personnel of the Reserve Corps may, in time of peace with their individual consent in each case and in time of war without such consent, be called to active duty by the Administrator of Veterans' Affairs; and shall be relieved from such active duty when the Administrator determines that their individual services are no longer required.

(c) Commissioned officers of the Reserve Corps, while on active duty, shall be deemed officers of the executive branch of the Government within the meaning of section 3 of the Civil Service Retirement Act, as amended (U. S. C., 1940 edition, title 5, sec. 693).

SEC. 9. Any person to be eligible for appointment in the Department of Medicine and Surgery must—

(a) Be a citizen of the United States.

(b) In the Medical Corps—

hold the degree of doctor of medicine from a college or university approved by the Administrator of Veterans' Affairs, have completed an internship satisfactory to the Administrator of Veterans' Affairs and be licensed to practice medicine in one of the States or Territories of the United States or in the District of Columbia.

(c) In the Dental Corps—

hold the degree of doctor of dental surgery, or its equivalent, from a college or university approved by the Administrator of Veterans' Affairs, and be licensed to practice dentistry in one of the States or Territories of the United States or in the District of Columbia.

(d) In the Nurse Corps—

have successfully completed a full course of nursing in a recognized school of nursing, approved by the Administrator of Veterans' Affairs, and be registered as a graduate nurse in one of the States or Territories of the United States or in the District of Columbia.

(e) In the Auxiliary Corps—

(1) pharmacist—

hold the degree of bachelor of science in pharmacy, or its equivalent, from a school of pharmacy approved by the Administrator of Veterans' Affairs, and be registered as a pharmacist in one of the States or Territories of the United States or in the District of Columbia;

(2) physical therapists—

hold a bachelor's degree with a major in physical education or physical therapy, and have successfully completed a full course in physical therapy, in a school, college, or university approved by the Administrator of Veterans' Affairs;

(3) occupational therapists—

hold a bachelor's degree with a major in art, social science, or home economics, and have successfully completed a full course in occupational therapy, in a school, college, or university approved by the Administrator of Veterans' Affairs;

(4) dietitians—

hold a bachelor's degree with a major either in foods and nutrition or in institutional management, and have successfully completed a full course in dietetics, in a school, college, or university approved by the Administrator of Veterans' Affairs;

(5) auxiliary officers—

have such scientific or technical qualifications as the Administrator of Veterans' Affairs shall prescribe;

(6) noncommissioned personnel—

have such technical or other qualifications as the Administrator of Veterans' Affairs shall prescribe.

SEC. 10. (a) Except as provided in subsections (c) and (d) of this section, original appointments to the Regular Corps may be made only in the assistant, associate, and full grades; and original appointments to a grade above assistant shall be made only after qualifications have been satisfactorily established by an examination, given in accordance with regulations prescribed by the Administrator of Veterans' Affairs.

(b) Original appointments to the Reserve Corps may be made in any grade not above the grade of director in accordance with regulations prescribed by the Administrator of Veterans' Affairs. Reserve commissions shall be for a period of not more than five years and any such commission may be terminated by the President at any time, at his discretion.

(c) In the case of personnel on duty with the Veterans' Administration or any transferred service or institution, or who have served during World War II with the armed forces, appointments in the Regular Corps may be made upon recommendation of a board of officers, appointed by the Administrator of Veterans' Affairs, to such grades as the Administrator of Veterans' Affairs shall recommend and the President shall approve, taking into account the character of the services performed, and the compensation received, by such individuals.

(d) Whenever commissioned officers of the corps are not available in the proper grade for the performance of pertinent duties requiring highly specialized training and experience, the Administrator of Veterans' Affairs, on recommendation of the Surgeon General, shall report that fact to the President; and the President is authorized to appoint, upon recommendation of the Administrator of Veterans' Affairs, not to exceed three persons in any one fiscal year to grades above that of full grade, but not to a grade above that of director; and for purposes of pay and pay period, any person appointed under the provisions of this subsection shall be considered as having had on the date of appointment service equal to the junior officer of the grade to which he is appointed.

SEC. 11. (a) The grades of commissioned officers of the Department of Medicine and Surgery are established and shall correspond to grades of officers of the Army: (1) Officers of the director grade, colonel; (2) officers of chief grade, lieutenant colonel; (3) officers of the senior grade, major; (4) officers of the full grade, captain; (5) officers of the associate grade, first lieutenant; and (6) officers of the assistant grade, second lieutenant.

(b) All titles of officers of the Reserve Corps shall have the suffix "Reserve."

SEC. 12. (a) Promotions of commissioned officers of the Regular Corps to any grade up to and including the grade of director shall be made only after examination given in accordance with regulations of the Administrator approved by the President, and so far as is practicable, shall be made according to the same length of service as is now or may hereafter be prescribed for promotion of officers of corresponding grades of the Medical Department of the Army. Such regulations may provide for crediting civilian employment in the Veterans' Administration, or employment as a commissioned officer in the United States Public Health Service, Army, or Navy, in determining length of service. All active service in the Reserve Corps, as well as service in the Regular Corps, shall be credited for the purpose of promotion in the Regular Corps.

(b) At the end of his first three years of service, the record of each commissioned officer in the Regular Corps originally appointed in or above the full grade shall be reviewed by the board, appointed pursuant to section 22 of this Act, in accordance with regulations of the Administrator of Veterans' Affairs, and if found not fully qualified for further service he shall be separated from the corps and paid six months' pay and allowances.

(c) When a commissioned officer in the Regular Corps is found, after examination as prescribed in subsection (a) of this section, to be not qualified for promotion for reasons other than physical disability incurred in line of duty,

he shall be separated and paid, if in the assistant or associate grade, six months' pay and allowances; if in the full grade, one year's pay and allowances and; if in the senior or chief grade, he shall be reported as not in line of promotion, or shall be retired and paid at the rate of 2½ per centum for each complete year of active commissioned service in the corps, but in no case to exceed 60 per centum of his active pay at the time he is retired.

(d) Promotions of noncommissioned personnel in grade may be made in 5 per centum increments of the minimum pay of the grade every eighteen months: *Provided*, That satisfactory service is being rendered.

SEC. 13. (a) Commissioned officers of the Regular Corps shall receive the same pay and allowances as are now or may hereafter be provided in the case of officers of corresponding grades of the Medical Department of the Army, including pay based upon length of service, in the determination of which prior service in the Veterans' Administration, the United States Public Health Service, and in any component of the armed forces shall be counted as prescribed by regulation of the Administrator of Veterans' Affairs.

(b) Officers of the Reserve Corps shall receive the same pay and allowances when on active duty as commissioned officers of the Regular Corps.

(c) In accordance with regulations of the Administrator of Veterans' Affairs, officers and personnel of the Regular Corps and the Reserve Corps on active duty may make allowances from their pay and may be granted leaves of absence without any deduction from their pay. They may be permitted to purchase supplies, when available, at cost plus a percentage to be determined by the Administrator of Veterans' Affairs to be sufficient to cover overhead expenses.

(d) Female commissioned officers of the Department of Medicine and Surgery shall receive the same pay and allowances as male officers of corresponding grades, including allowance for dependents, except that no allowance shall be paid to any female commissioned officer on account of any dependent who is not in fact dependent upon such officer for his or her chief support. For the purpose of this subsection, the term "dependent" shall include a husband, father, mother, and unmarried children (including stepchildren and adopted children) under twenty-one years of age.

(e) The grade and per annum full-pay periods of the noncommissioned personnel shall be as follows:

- (1) Warrant grade, \$2,900 minimum to \$3,500 maximum;
- (2) Principal grade, \$2,600 minimum to \$3,200 maximum;
- (3) Master grade, \$2,300 minimum to \$2,900 maximum;
- (4) Technical grade, \$2,000 minimum to \$2,600 maximum;
- (5) Staff grade, \$1,800 minimum to \$2,200 maximum;
- (6) Junior grade, \$1,600 minimum to \$2,000 maximum; and
- (7) Auxiliary grade, \$1,500 minimum to \$1,800 maximum.

Deductions from pay for quarters and subsistence may be made in accordance with regulations promulgated by the Administrator of Veterans' Affairs with the approval of the President.

(f) (1) Within the restrictions herein imposed, the Surgeon General may rate any officer of the Department of Medicine and Surgery as a medical, surgical, or auxiliary specialist: *Provided*, That no officer shall at any one time hold more than one such rating.

(2) No officer may be rated as medical, surgical, or auxiliary specialist unless he is certified as a specialist by an American specialty board, recognized by the Administrator of Veterans' Affairs; or has been examined and found qualified by a board appointed by the Surgeon General from specialists of the Department of Medicine and Surgery holding ratings in the specialty to which the candidate aspires: *Provided*, That, whenever there are insufficient specialists, rated in the proper specialty, who are readily available to constitute such a board, the Surgeon General may substitute Reserve officers or civilian consultants with comparable qualifications.

(3) Any officer, rated as a medical, surgical, or auxiliary specialist under the provisions of this subsection shall retain such rating until it shall be withdrawn by the Surgeon General: *Provided*, That the Surgeon General shall not withdraw any such rating until it shall have been determined by a board of officers that the officer holding such rating is no longer qualified in his specialty.

(4) Any officer, rated as a medical, surgical, or auxiliary specialist under the provisions of this subsection, shall receive, as additional pay for such rating, 25 per centum of the pay of his grade and length of service.

SEC. 14. (a) A commissioned officer of the Regular Corps, retired for disability from disease or injury incurred in line of duty, or a commissioned officer of the Reserve Corps retired for disability from disease or injury incurred in line of duty in time of war, shall be entitled, except as provided in subsection (c), to receive retired pay at the rate of 75 per centum of his active pay at the time of retirement.

(b) A commissioned officer shall be retired on the first day of the month following his sixty-fourth birthday or by voluntary application may be retired upon completion of thirty years' service. If he is an officer in the Regular Corps he shall, except as provided in subsection (c), be entitled to receive retired pay at the rate of 75 per centum of his active pay at the time of retirement.

(c) Any commissioned officer of the Regular Corps, who at the time of his original appointment was more than forty-five years of age, shall, upon retirement unless retired for disability from disease or injury incurred in line of duty in time of war, be entitled to retired pay only at the rate of 4 per centum of his active pay at the time of retirement for each twelve month of active commissioned service, including any such service in the Army, Navy, or Coast Guard, but in no case more than 75 per centum of such pay: *Provided*, That civilian employment in the Veterans' Administration and its predecessor organizations, including service as a commissioned officer of the Army, Navy, or United States Public Health Service, prior to appointment in the Regular Corps under section 13 (c) of this Act, shall be deemed as active commissioned service for the purpose of retirement from the Regular Corps: *And provided further*, That any amount to the credit of such officer in the civil-service retirement fund shall, in the event of such retirement, be transferred to the appropriation from which retirement payments are made hereunder.

(d) The retired pay of any commissioned officer who has served four years or more as Surgeon General, Deputy Surgeon General, Assistant Surgeon General, Director of Nursing Service, or Chief of a section of the Auxiliary Corps, or who shall be retired for disability while so serving, shall be based on the pay of the highest temporary grade held by him.

(e) The retired pay of an officer of the Regular Corps who has failed by reason of disability incurred in line of duty to receive a promotion to which he would otherwise have been entitled, shall be based on the pay of the grade to which, but for such disability, he would have been promoted.

(f) An officer retired for disability who is found to have recovered from his disability, and in time of war an officer who has been retired for age, may, in accordance with regulations of the President, be recalled to active duty.

(g) The Administrator of Veterans' Affairs, with the approval of the President, shall provide by regulation for disability and longevity retirement pay for noncommissioned personnel of the corps at the same rates and under the same conditions as are now or hereafter provided for retirement of noncommissioned personnel of the Army.

SEC. 15. (a) The Surgeon General, under such regulations as the Administrator of Veterans' Affairs shall prescribe, shall from time to time appoint boards to be known as disciplinary boards, each such board to consist of not less than three nor more than five officers of the Department of Medicine and Surgery, to determine, upon notice and fair hearing, charges of inaptitude, inefficiency, or misconduct of any person, commissioned or noncommissioned, in the Department of Medicine and Surgery.

(b) The senior officer appointed to a disciplinary board shall be the president thereof; and the junior officer appointed to such board shall be the recorder thereof. The president and the recorder of such a board shall have the authority to administer oaths.

(c) The Surgeon General may appoint one or more investigators, from officers of the Department of Medicine and Surgery, to assist each disciplinary board in the collection and presentation of evidence. Any person answering to charges before a disciplinary board may be represented by counsel of his own choosing.

(d) Disciplinary board, when in its judgment charges are sustained, shall recommend to the Administrator of Veterans' Affairs suitable disciplinary action, within limitations prescribed by the president, in the form of reprimand, forfeiture of pay, reduction in grade, retirement, or discharge from the Department of Medicine and Surgery of the person appearing before the board to answer charges. The Administrator of Veterans' Affairs shall either approve the recommendations of the board, approve such recommendation with modification or exception, approve such recommendation and suspend further action

at the time, or disapprove such recommendation. He shall cause to be executed such action as he approves.

(c) Any person, discharged for inefficiency or inaptitude, shall be entitled to one month's pay at the rate of pay in effect at the time of discharge for every completed year of service for which credit for pay and longevity is authorized by this Act, not in excess of six years; but no additional pay shall be allowed a person discharged because of misconduct.

SEC. 16. (a) In time of war, the President may, by Executive order, declare the Department of Medicine and Surgery, operating under the Administrator, a part of the military forces of the United States, and provide the extent to which it shall be subject to the Articles of War. Upon the issuance of such an Executive order, all members of the corps, regular and reserve (including their surviving beneficiaries), shall be entitled to the same benefits as other persons in active service insofar as concerns active service rendered while the Department is a part of the military forces of the United States.

(b) The members of the corps shall be exempt from selection or draft for service in any component of the armed forces and any personnel needs of the corps may be filled by assignment of selected or drafted persons, subject to the limitations and provisions of sections 100 and 102, Public Law 346, Seventy-eighth Congress (Act of June 22, 1944).

(c) An allowance of \$250 for uniforms and equipment is authorized to be paid to each commissioned officer of the corps who is hereafter, in time of war, appointed to the Regular Corps or called to active duty in the Reserve Corps, or who is hereafter on active duty in either corps at the commencement of any war, if at such time the officer is in the assistant, associate, or full grade, and is receiving the pay of the first, second, or third pay period; except that no officer who has received such an allowance from the corps shall at any time thereafter be entitled to any further allowance. Uniforms for noncommissioned personnel will be furnished without charge in accordance with regulations promulgated by the Administrator of Veterans' Affairs.

SEC. 17. (a) Commissioned officers and noncommissioned personnel of the Regular Corps, whether on active duty or retired and such personnel of the Reserve Corps when on active duty or retired for disability, shall be entitled to medical, surgical, and dental treatment and hospitalization by the Department of Medicine and Surgery. Subject to regulations approved by the Administrator of Veterans' Affairs, dependent members of their families (as defined in such regulations) of such persons may be furnished medical advice and out-patient treatment by the Department at its facilities, and they may be furnished hospitalization at such facilities, if suitable accommodations are available beyond the needs of eligible veterans, at a per diem cost to the officer or noncommissioned person. Such cost shall be at such uniform rate as may be prescribed from time to time by regulations promulgated by the Administrator of Veterans' Affairs.

(b) Members of corps, regular and reserve (including their surviving beneficiaries), shall be entitled to receive the same benefits for injury or death in the performance of their duties as civil officers and employees of the United States under the United States Employees' Compensation Act of September 7, 1916, as amended (39 Stat. 742; 5 U. S. C. 71 and the following): *Provided*, That any such member or beneficiary of such member eligible to receive any benefit authorized by this section who is also eligible to receive any payment or benefit (except the proceeds of any insurance policy) under any provision of law other than such Act of September 7, 1916, as amended, on account of the same injury or death, shall elect which benefit he shall receive.

SEC. 18. Commissioned officers and noncommissioned personnel of the Department of Medicine and Surgery may be detailed for service with the medical services of the Army and Navy, and commissioned, appointed, or enlisted medical personnel of the Army or Navy may be detailed for service with the corps when such detail, in the judgment of the heads of the agencies concerned, or of the President, will promote the public interests without impairing the efficiency of the service or services involved.

SEC. 19. The Administrator of Veterans' Affairs, in his discretion, may establish and continue a special medical advisory group composed of members of the medical and allied scientific professions, nominated by the Surgeon General, whose duties shall be to advise the Administrator of Veterans' Affairs, through the Surgeon General, and the Surgeon General direct, relative to the care and treatment of disabled ex-service men and women, and other matters pertinent to the Department of Medicine and Surgery. The number, terms of service, com-

pensation, and allowances to members of such council shall be in accord with existing law and regulations.

SEC. 20. (a) The expenses, except personnel membership fees, of members of the corps detailed by the Surgeon General to attend meetings of associations for the promotion of medical and related sciences are hereby authorized subject to available appropriations.

(b) (1) The Administrator of Veterans' Affairs is authorized to place officers and noncommissioned personnel of the Department of Medicine and Surgery on duty in schools of the Army, Navy, and Public Health Service and in civil institutions of learning, with the consent of the authorities concerned, for the purpose of increasing the professional knowledge or technical training of the personnel of the Department: *Provided*, That not to exceed 5 per centum of the personnel of the Department be placed upon such duty at any one time.

(2) The Administrator of Veterans' Affairs is authorized, subject to available appropriations, to pay for tuition, educational fees, and necessary textbooks of personnel placed on duty under the provisions of subsection (b) (1) of this section.

(c) Any member authorized to attend a course of training in excess of thirty days shall be required to reimburse the expenses thereof if he voluntarily leaves the service within two years after completion of such course.

SEC. 21. (a) The Administrator of Veterans' Affairs, upon the recommendation of the Surgeon, General, may employ physicians, dentists, pharmacists, technicians, nurses, dietitians, social workers, librarians, and such other professional, clerical, technical, and unskilled personnel, in addition to commissioned or non-commissioned personnel of the component corps, on a full-time, part-time, or fee basis at such rates of pay as he may prescribe subject to existing law.

(b) The Administrator shall have authority to establish residencies; to appoint qualified persons to such positions without regard to Civil Service or Classification Acts or regulations; and to prescribe the conditions of employment, including necessary training, and the amount and terms of pay during the period of such employment and training.

SEC. 22. (a) The President, upon the recommendation of the Administrator, shall from time to time prescribe regulations with respect to the appointment, promotion, retirement, termination of commission, titles, pay, uniforms, allowances (including increased allowances for foreign service), leave, and discipline of the personnel of the corps.

(b) The Surgeon General with the approval of the Administrator, unless specifically otherwise provided, shall promulgate all other regulations necessary to the administration of the corps and consistent with existing law, including regulations with respect to travel transportation of household goods and effects, and uniforms for employees, and regulations with respect to the custody, or use, and preservation of the records, papers, and property of the corps.

General BRADLEY. With your permission I will read a short statement first covering general provisions of the bill and then I will be glad to answer any questions on specific bills such as H. R. 4225 or any of the rest of them that I can.

The CHAIRMAN. All right. That will be all right.

General BRADLEY. I am here at your request to give you my comment on certain bills affecting veterans' affairs, with a view to determine what program the committee may follow with regard to additional legislation affecting veterans' benefits.

There are several administration bills which are considered highly important and upon which I hope hearings will be held as soon as possible and final decision made on what action should be taken.

The committee has before it a bill, H. R. 571, a bill to increase deceased war veterans' burial allowances to \$150. The burial allowance of \$150 has not been cleared by the Bureau of the Budget but in a modified form for \$125 as included in H. R. 3522 was approved by the Bureau as being in accord with the financial program of the President. An increase from \$100 to \$125 was recommended on the theory that since it is shown that costs have increased generally somewhere between 25 and 30 percent, there is justification for increasing the burial allow-

ance from \$100 to \$125. Whether a further increase can be justified is a matter for consideration of the Congress. While comparatively of minor moment, the increased cost can readily be estimated when you consider the veteran population of approximately 20,000,000. Of course, this cost would be spread over a long period of time.

The CHAIRMAN. General, that bill for \$125 has already passed the Senate, has it not?

General BRADLEY. Yes; it is in your bill, H. R. 3522, I believe. But there is also an additional bill in here.

The CHAIRMAN. Yes, for \$150.

General BRADLEY. Which you asked me the other day to comment on this morning.

The CHAIRMAN. Yes.

General BRADLEY (continuing). You also have pending a group of bills relating to insurance. Two of them, S. 447 and H. R. 2448, relate to the rate of interest on loans secured by United States Government, converted, insurance. The other bills, H. R. 2379 and H. R. 3114, relate to national service life insurance. The latter bill was proposed by the Veterans' Administration after clearance with the Bureau of the Budget.

However, since the war has ended, except perhaps technically, some of the recommendations are not as important as they would have been had the war continued. On the other hand, I believe it is advisable to propose amendments placing the national service life insurance on a permanent peacetime basis. Studies along that line have been under way for some time, and at an early date a draft bill will be proposed for your consideration. I would suggest that you defer action on any insurance bill until we are in a position to make our specific recommendations in accordance with the recent message of the President.

In other words, Mr. Chairman, to include everything necessary to put it on a peacetime basis, like we did the war-risk insurance after the last war.

The CHAIRMAN. How much time would it require, do you know?

General BRADLEY. I do not know, sir. We have been working on it for some time and it would be rather difficult to say how long it would take to iron out everything and get it in shape to present.

The CHAIRMAN. You do not think we could amend one of the bills before us to meet that?

General BRADLEY. It might be. I have not studied it.

The CHAIRMAN. I wish you would let us know.

General BRADLEY (continuing). Among those bills now pending is one recently introduced by the chairman, designated as H. R. 4225, a bill to establish a Department of Medicine and Surgery in the Veterans' Administration.

This so-called Medical Corps bill in its present form contains the provisions I feel essential and vital. I have not had a formal clearance on this bill from the Bureau of the Budget, but, as you know, the chairman and my predecessor secured higher authority to proceed with the bill. I feel, therefore, that we are in a position to proceed as soon as the committee desires with the consideration of this bill.

This bill differs from H. R. 3310, which was before your committee before the recess, in four main particulars.

1. The new bill does not include certain nonmedical personnel which were in H. R. 3310.

We agree that such personnel as utility management, social workers, librarians, and so forth, do not belong in a medical corps.

2. The new bill would authorize residencies.

Maj. Gen. Paul R. Hawley, Acting Surgeon General of the Veterans' Administration, has worked out a tentative program which is based on passage of this measure, in which residencies would be established in many of our hospitals. We can only establish these residencies by having specific authority to do so. By setting up a pay scale for residents, which necessarily would be below the lowest bracket for a full-time medical officer, we can take these men into our hospital system, permit them to devote two-thirds of their time to productive hospital work and one-third of their time to advance training and study. Naturally we could not pay a rate far higher for residents than is paid on a national average. By meeting the salaries paid in the better hospitals for residents, we will have the benefit of their work and be training men to give high-class medical service.

3. It would authorize a 25-percent increase in pay for those meeting the requirements necessary to be classified as specialists.

We believe that this provision will not only encourage study and improvement in the ability of individuals—I might add, who are already with—but will also attract young doctors who are anxious to progress and improve themselves.

4. The new bill is less restrictive in the methods of selection of the officers to comprise the original list.

There are several other bills pending which I will mention briefly if I may.

One is H. R. 3522, also introduced by the chairman, and designated as a bill to liberalize and clarify the laws pertaining to hospital treatment, medical care, domiciliary care and related services, and for other purposes. This bill was submitted after clearance with the Bureau of the Budget, and hearings were begun on a companion bill, S. 1203, by the Committee on Finance, United States Senate, prior to the summer recess. Certain sections of the bill were recast for clarification. The bill would liberalize hospital care and out-patient treatment. I feel that this is a matter of timely interest to the Congress and to veterans generally.

The bill also contains some other desirable liberalizing provisions, particularly with respect to reduction of pay while hospitalized, and several other matters of lesser importance but of considerable interest.

However, we are now making a further study of out-patient treatment and we will be prepared, within a few days, to present further ideas on this subject.

A bill to authorize reciprocal services was passed by the Senate but was not acted upon favorably by this committee. Substitute language has been offered in section 19 of H. R. 3522, with changes, which I recommend for the consideration of the committee. I feel that we owe it to our allies to extend to them reciprocal services which they now extend to us on behalf of our veterans. This will cost the Government, nothing. I believe that adequate safeguards are contained in the proposed redraft to make sure that it would have no detrimental effect on the rights of our own veterans.

You also have before you two bills, H. R. 3799, and House Joint Resolution 241, respecting the naming of certain hospitals. There is no objection to the proposals, although I am advised that it is not necessary to secure legislative authority to name our hospitals.

Finally, I understand you are interested in H. R. 3938, a bill introduced by Congressman Sparkman and referred to this committee and which would be cited as the Veterans' Reemployment Act of 1945. This is a new subject for this committee as well as for the Veterans' Administration.

I have been directed by the President to coordinate all proposals with respect to such matter, but since this directive was dated October 4, 1945, I have not had time as yet to formulate any specific plans which I would be in a position to offer for your consideration. I hope, therefore, that this matter also may be held in abeyance until we have had time to make sufficient studies and to confer with interested agencies and organizations.

What I have said constitutes only a general outline with respect to pending legislation. I will be very glad at the proper time, and as may be desired by the committee, to have these several propositions discussed fully and in detail by the appropriate members of my staff. However, if you desire to proceed immediately with the Medical Corps bill, I am prepared to explain in detail at the present time. General Hawley, the Acting Surgeon General, is not available today, but I am sure I can express his views; in fact, they are reflected in the bill as submitted and which has the approval of the Veterans' Administration.

There is a correction here. The question was asked about the burial. No burial allowance bill has passed either House.

The CHAIRMAN. That came to my notice after I asked the question.

General BRADLEY. Yes. I was thinking it was included in the other one, but it is not.

The CHAIRMAN. Are you through with your statement?

General BRADLEY. Yes, sir. I will be glad to answer questions on any of these that you desire to ask.

The CHAIRMAN. General, I have jotted down a few questions that I would like to ask first and then no doubt there will be a great many other questions members of the committee will want to ask.

First, you spoke of residencies at these hospitals. Just explain what you mean there. Do you mean the building of homes there?

General BRADLEY. No, sir. In those hospitals which we have located near medical teaching centers we desire to tie the hospital in with the center and make part-time use of the specialists within the teaching institution in advisory capacity. Many of them have expressed their willingness to do so.

They will help us serve our hospital needs and they will place the young doctors—they are not interns; they have completed their schooling, have completed their internship, and they now want clinical experience before they go out and become general practitioners.

They tell us in a big hospital they get clinical experience in 3 years which would take 10 or 15 years to get outside and get it under the guidance of the specialists in the medical centers.

So what we had hoped to do was to make the same use of these young doctors as is now made in civilian hospitals.

They work two-thirds of the time and the other third of the time they continue study in some speciality, under the bill, in the medical center.

So that we could get their services two-thirds of the time out of the 3 years.

In civilian hospitals they pay them something like \$1,200, \$1,500, and \$1,800 for the 3 years, a total of \$4,500; for which we would get two full years' service.

We would not pay them too much because we would be competing with civilian institutions who are giving similar training.

We believe we can get up-to-date young doctors and more of them and better than we can get in any other way. And that will give us a chance even to pull out of those hospitals perhaps some of these permanent doctors and put them in hospitals more out of the way which are not tied in with a medical center.

Does that answer your question?

Mr. KEARNEY. General, under the terms of this proposed bill this wipes out the civil service?

General BRADLEY. No, sir. We propose to do this in four ways—those we get under this bill, those we get under civil service, those part time, and residencies.

Mr. KEARNEY. Do you not believe it would be better to wipe out the civil-service set-up entirely?

General BRADLEY. No, sir. For two reasons. We are not certain here whether the pay will attract the people we want; and, second, some of these doctors will be willing to work under civil-service status and stay near their homes, whereas, they would not want to get into a corps such as this one and be subject to moving around.

We are running into that right now with nurses. We could get all the nurses we want in the Boston area, but they will not go to Northport where we are 68 nurses short.

So I think we are going to always have to keep some of these people under civil service in order to make sure to get enough.

Mr. KEARNEY. Well, in doing that—I am asking you to look into their minds a little—does that mean these people are thinking more of retirement in the future than they are their jobs? Because under civil service they would have a certain retirement after so many years.

General BRADLEY. They would if they entered this corps, too, similar to the medical officers now in the Medical Corps of the Army.

Mr. KEARNEY. The chiefs of these corps are selected from the Regular Establishment; that is, the Surgeon General Service and the head of the Dental Service?

General BRADLEY. No, sir. Not under this bill.

I have a regular man now on loan from the War Department to help me get started.

Mr. KEARNEY. Maybe I am wrong, but I was thinking in section 3 (c) (d)—

The Deputy Surgeon General shall be the principal assistant of the Surgeon General. He shall be a qualified doctor of medicine, appointed from the Regular Medical Corps.

Also under (d) for the dentists it is under the Regular Dental Corps.

General BRADLEY. That meant the Regular Medical and Dental Corps set-up for the Veterans' Administration, as distinguished from the Reserve Corps.

This sets up a Regular Corps and Reserve Corps in the Veterans' Administration. Possibly we should not have used terms similar to those in the Army. This refers to the Surgeon General or Assistant Deputy Surgeon General and regular officers and Reserve officers in the Veterans' Administration, and has nothing to do with the Regular Army or Navy.

The CHAIRMAN. General, back to the proposition you and I discussed about this residence proposition; I am wondering if that arrangement would not bring a great deal of criticism that we are using the veterans as guinea pigs, or that we are using these inexperienced doctors, and would it not be better to just take the bridle off, so to speak, and give the Administrator the power to pay these doctors what they are worth, instead of relying on securing these young doctors from medical schools?

General BRADLEY. I do not see why they should accuse us of that. They do it in all the big civilian hospitals.

These are not people that are still studying medicine. I mean they have finished their study of medicine; they have finished their internship. These are young doctors who are trying to gain a little more education in special lines and who are doing it under the guidance of supposedly some of the best doctors in the country, and I do not see how we could be accused of using inexperienced doctors, because, certainly, personally I would much prefer to be treated by one of these young energetic doctors who is just out of his complete training of 9 years internship, and being under the guidance of the best medical skill near by, and I do not see how we could be accused of not giving them the very best.

In fact, if we do not do that, I do not know how we are going to get enough doctors to give these people the medical service to which they are entitled.

The CHAIRMAN. As I said a while ago, we have moved into a higher price structure than the country has ever known and in order to get doctors who are capable—and I submit that that is one of the troubles we are having now—

General BRADLEY. That is right.

The CHAIRMAN. We have unloaded to us a lot of doctors that should not be in the Veterans' Administration. But in order to get the kind of doctors that we need and the kind of specialists we need in these veterans' hospitals, we are going to have to raise their pay, going to have to pay them sufficiently to induce that caliber of doctors, that caliber of specialists, to seek such employment.

I am not sure whether your pay schedule in this bill is sufficient to meet that situation.

Mr. HUBER. Mr. Chairman, may I make an inquiry of the General?

The CHAIRMAN. Yes.

Mr. HUBER. I appreciate the advantages of this residency, but just Sunday evening I suggested to a young doctor of my acquaintance the advantage he might have in a veterans' hospital and he said, "There is only one thing, the veterans' hospitals are not recognized by the

American Medical Association and if I did complete this service I would have no assurance of being recognized."

General BRADLEY. We are in the process of correcting that right now. General Hawley has been around to many of the meetings of the American Medical Association and we have gotten a whole-hearted response.

Twelve or 15 of the leading doctors of the country met in here about a week ago and we put this up to them and they highly endorsed it and said they had been recommending it for several years.

Mrs. ROGERS. General, is it not true that the doctor at Montysburg who is making such progress in the spinal cord cases, is it not true that he is a very young doctor?

General BRADLEY. I am sorry I cannot answer but we do have a great many outstanding young doctors in the medical service right now.

Mrs. ROGERS. You have a very fine one in the Bronx, I know. There was a great shortage in your hospitals, as you know, of specialists.

General BRADLEY. Yes.

Mrs. ROGERS. I think there is only one plastic surgeon there at the Bronx, and men have to wait for care because you do not have the doctors, and this bill would automatically induce young doctors to come in, because they could make a record in new types of surgery and disease.

General BRADLEY. In addition to getting these young doctors who are progressive—and they are the ones who are taking these residencies—and getting service under the supervision of the best specialists in the neighborhood, I think we would also get some of these young people interested in coming with the Veterans' Administration permanently and at the end of that time we could either take them on in this corps or take them on in civil service if they insisted on staying in one particular place. A lot of the time if we can get some one started in Government service the best ones ought to stay with us.

The CHAIRMAN. Would that be better, General, than letting the young doctor get out and establish himself by private practice and in private practice show his ability? Would it not be better to go out and get that kind of a man than to take a man right out of medical school and put him on the pay roll?

General BRADLEY. We would still take those if we could get them, but they all tell us there is going to be a great shortage of doctors in the next few years, and this is one means of getting well-qualified doctors working under the supervision of specialists in those medical centers, and that still would not preclude us taking other doctors who have already established themselves, but, generally, a man is not willing to drop that after he has taken so many years to build it up.

The CHAIRMAN. In my opinion there always will be a shortage of doctors in this country if the present policy of the American Medical Association is carried out. I think they are excluding young men from the schools and bringing about a shortage that ought not to exist and would not exist were those policies not followed.

Mr. ALLEN. Mr. Chairman, I want to ask General Bradley this:

General, do you feel that you will ever be able to get the proper medical service in these veterans' hospitals as long as you are tied down to salary classifications under civil service?

General BRADLEY. No, sir. I do not think we will.

Mr. ALLEN. That is a conclusion I have reached. I have visited several of these hospitals, and the more I do that the more I reach the conclusion that we ought to unbridle the Veterans' Administration so that you can go out and get the medical service that you want. And I do not think that as long as you tie them down to a salary schedule—unless you make the schedule mighty high, of course—probably too high for some—as long as you tie it down to a salary schedule we are not going to get the help that we want and that you want.

And I think that we ought to have a bill that would give you some leeway so that if you saw a bright doctor, promising young doctor or an older man, you could go out and get that man, and bring him in.

I still want to give him his retirement benefits under civil service. I do not want to take that away from him, because I have found that a lot of these doctors are relying on that, and I do not blame them, it is good security for them, but they were underpaid, most of them were grossly underpaid.

The CHAIRMAN. If we paid them enough they could provide their own retirement and you could get a much better class of physicians.

Mr. KEARNEY. You would have to provide in this bill that you are going to dispense with civil service—I am still of the opinion that a youngster who has established himself in civilian life is certainly not going into the Veterans' Administration and work in the hospital for less money than he can make in civilian practice.

Mr. ALLEN. I will say to the gentleman from New York that that is the point I am making. When they see a man like that they ought to have authority to go out and get that man.

Mr. KEARNEY. You do not have it under this bill though.

Mr. ALLEN. We do not have it under the bill.

I do not think they should be tied down so that they have to select doctors from a civil-service list.

The CHAIRMAN. In response to the gentleman from New York, that is the very point I was making, that the Veterans' Administration ought to be able to pay these doctors sufficient salaries to go out and get these doctors.

Mr. GIBSON. I have inspected many of the hospitals with other members of the committee and I think that 99 percent of the trouble with doctors in these hospitals is chargeable directly to the civil service.

You just get the trash that no one would use anywhere else in the world.

The CHAIRMAN. The gentleman from Louisiana.

Mr. DOMENGEAUX. But I think we are losing track of, General, of course, these salaries have to be adequate. These salaries must be adequate. I would not even suggest what are proper salaries. But what we have been forgetting more than anything else is what attracts a promising young doctor into any institution is an opportunity to reach professional attainment.

Now, I think you are definitely on the right step in establishing these residencies. I just cannot understand how an organization like the Veterans' Administration has not done that before. To me it is a further instance of their horse-and-buggy complex about practicing medicine as they have been practicing it in the past 25 years.

I think you are perfectly correct about these residencies, but what

worries me is that it will be many many years before the Veterans' Administration will be able to attract promising young doctors to residencies, because when a young man does that he does it for one purpose and that is to better himself in his profession and to give himself professional prestige, neither of which he can get under the present set-up.

General BRADLEY. May I interject there, we have talked to the heads of several of these medical centers and we can get one started operating the end of this month, and I think we can get many more started thereafter. We have contacted these people, they are enthusiastic about it, and a survey will soon be started and we hope to have them in there within a month if we are authorized to do so.

Mr. DOMENGEAUX. I think it is definitely correct.

Mrs. ROGERS. Are you through?

Mr. DOMENGEAUX. Yes.

Mrs. ROGERS. You have some excellent doctors today.

General BRADLEY. I think we have. I think we have some very excellent doctors.

I am not defending the efficiency of these doctors as a whole but we do have some I think that will qualify to come under this bill. I am not saying what percent it is.

Mr. GIBSON. Some you have, that is correct.

Mrs. ROGERS. On cancer there is a very promising young doctor in the Army who will stay if this bill goes through. He thinks there is a great future in veteran work.

General BRADLEY. I might say, Mr. Chairman, we have had some encouraging inquiries from doctors who are now in the Army who are interested in coming with us under this bill. When they see the complete set-up, I do not know. A lot of them, as has been said, are interested in the provision we have put in here providing for specialist rating, because these young doctors do want to progress, and that is one reason they are doctors, they do not become doctors to become millionaires, they cannot do it, but they want to render service, a lot of them, and progress, improve themselves and render the best possible service, and I think that certain things that encourage them have been introduced in here, particularly residencies and providing a 25 percent increase in pay to one who qualifies as a specialist, and he must appear before a board of the Medical Association. It will be an incentive for these people to specialize and continue study.

The CHAIRMAN (addressing a photographer). What do you want?

The PHOTOGRAPHER. A picture, sir.

The CHAIRMAN. You get permission of the chairman before you take pictures in this committee. Who are you with?

The PHOTOGRAPHER. The Associated Press.

The CHAIRMAN. General, do you object to having your picture made?

General BRADLEY. No.

The CHAIRMAN. Always ask for permission. You can go ahead and take the general's picture now and we will pause a minute for that purpose.

Mr. BENNETT. General, is the Veterans' Administration presently using any osteopaths?

General BRADLEY. I believe not.

Mr. BENNETT. Could they do so under the provisions of this bill?
General BRADLEY. It is not included in this bill.

Mr. BENNETT. Are there any requests for it from any patients?

General BRADLEY. I do not know. I cannot answer that question. None has been brought to my attention.

Mr. BENNETT. Are there treatments which an osteopath could give satisfactorily which could be provided the veterans as well as by an M. D.?

General BRADLEY. I am afraid I am not qualified to answer that.

Mr. BENNETT. The whole point is it just seems to me since you are having difficulty getting enough M. D.'s that if there are some things that an osteopath could do it would just seem good judgment to use them.

I notice that you have got everybody in here, pharmacist, physical therapist, occupational therapist, dietitian, auxiliary officers; everybody but osteopaths.

Now, I am not believing an osteopath could accomplish miracles, but I think there are some things they could do here which you would do well to investigate.

General BRADLEY. Along that line I would like to make this statement:

I am not qualified to state the merits between osteopathy and medicine as recognized by the American Medical Association.

We have tried to interest the medical profession in our problems. We are succeeding beyond our fondest expectations of 6 weeks or 2 months ago. They are enthusiastic in their efforts to help us. They are very anxious to tie in all the medical centers with us. Even Mayo's has indicated informally that they would be glad to tie in with us if we had one near them.

If we tried to get into this argument which exists between osteopathy and medical people, I am afraid if we took this up at this time and got them arguing, we would lose a lot of the ground that we have already gained in trying to get doctors which must furnish the great majority of service that we have to have for the veterans.

Mr. BENNETT. Have you had any requests?

General BRADLEY. Not that I know of.

The CHAIRMAN. Under this bill would you have authority to appoint an osteopath?

General BRADLEY. I do not believe so.

The CHAIRMAN. If you took up the question of osteopaths, we may be asked to consider chiropractors and others.

Mr. BENNETT. There is a big difference.

The CHAIRMAN. We will have the whole controversy before the committee. Now, if the committee wants to do that——

Mrs. ROGERS. May I be heard on that point?

The CHAIRMAN. Yes.

Mrs. ROGERS. Is it not true that there are osteopaths who are also doctors of medicine?

General BRADLEY. I understand there are people who hold degrees both of osteopathy and medicine.

Mr. GIBSON. We have one that practices both.

Mr. BENNETT. In Missouri the education for osteopaths is very fine.

Mrs. ROGERS. I am wondering if you are going to get the best type of attendant under the provisions of the bill. As I read it the attendants are not included in your Medical Corps.

There is such an acute shortage everywhere of attendants.

General BRADLEY. Well, we thought it would be better to try to limit the personnel taken in this Medical Corps, that is, the Veterans' Medical Corps, to the strictly professional grades rather than the unprofessional grades such as attendants and some of the others.

Mrs. ROGERS. Some of your attendants have to be almost nurses in order to do their work.

General BRADLEY. Yes.

Mrs. ROGERS. I was wondering if you considered taking them in in order to induce them to come in. There is much criticism and such a shortage of them.

General BRADLEY. That is right. I believe that many of them could be attributed to inexperience and people who did not have the interest of the patients at heart.

We always hope, of course, that as the labor situation improves we will be able to get better attendants. Maybe we will have to increase the pay of them. And many of the managers whom I have been contacting recently say we must definitely divide those attendants into two distinct grades. For example, those who do janitor service as distinguished from those who actually wait on patients. And that is being studied at this time, to see whether we should not recommend to the Civil Service a little different classification.

Mrs. ROGERS. Would you really object to taking them in as part of the corps? I think they would have a lot of pride in being taken in, and some of them are so fine I think they might go in.

General BRADLEY. I am not prepared to answer that at this time. I have not studied it from that angle.

The CHAIRMAN. Right on this point asked by the gentleman from Missouri, do you not feel that the Administrator should have the right if he desires to do so, to employ at each hospital one or more osteopaths and one or more chiropractors?

Are we in a position to say that they are not necessary, that their services are not desirable, especially under the conditions that now prevail?

General BRADLEY. I do not think we are in that position, Mr. Chairman.

I would like to avoid any arguments between the AMA and the osteopaths at this time because I am having enough trouble right now as it is. I would like to save that one for later on.

The CHAIRMAN. Remember this, you have had war up to now. But on this point, our first duty to the serviceman and not the AMA or the chiropractor or osteopath. Our first duty is to the disabled serviceman.

General BRADLEY. That is right.

The CHAIRMAN. And what I want to do is give the Administrator the power to employ whoever is necessary to take care of those men.

Mr. BENNETT. I know of veterans who have left the Veterans' Administration and have gone to osteopaths to get the service they wanted and which was not available to them at the Veterans' Administration. Now, it just seems to me that if a veteran in his own mind feels that he should have it, he is entitled to it.

I am not saying it should be forced on him, but I think the chairman is right, that the law should provide that it may be made available in a proper case.

Mr. GIBSON. In my opinion, there are many things they are good at, but we might let that go until later.

Mr. BENNETT. Well, it seems to me, Mr. Gibson, it might forestall something.

Mr. CUNNINGHAM. There are a number of States, General, which have already adopted what is known as a basic science law. This basic science law requires that all osteopaths and chiropractors must have the same basic training in medicine that an M. D. has before he goes to his own particular college.

So in those States it is no longer possible for a man to become an osteopath and hang out his shingle by taking a short correspondence course.

That has been adopted by a number of States. I think if the Veterans' Administration decided to hire osteopaths they might get them from the States where they require basic training.

One other question, Mr. Chairman, I would like to ask the General, if under this bill he will have any more discretion in discharging a doctor under civil service.

The purpose in asking the question is that I found in going through the hospitals this year much complaint about doctors who might be good doctors but who are troublemakers in the hospital but the head of the hospital was powerless to do anything about it because the burden was on him to file charges.

These doctors knew that and they caused a lot of dissension.

Now is there anything in this bill to increase your power or the power of the heads of the hospitals to get rid of or dismiss the doctors under civil service?

General BRADLEY. This would not cover those under civil service. It just provides for elimination in this corps for inefficiency or other cause, but it does not cover in this bill the elimination of those who would remain under civil service.

Mr. CUNNINGHAM. Well, do you not feel that the heads of the hospitals should have more power to get rid of incompetent and trouble-making doctors than you now have, without going through all this red tape, which I understand the heads of the hospitals will not do?

General BRADLEY. Yes; I think the means of getting rid of employees who are inefficient, under the civil service is rather cumbersome and difficult.

Mr. CUNNINGHAM. Do you not think we might amend this bill to take care of that right now?

General BRADLEY. I am not a legal expert. I do not know whether it belongs in this bill or not. I am hoping after we get more doctors we can eliminate these.

I hear some whispering about that up here. When I tried to get one the other day, he was not a doctor, but I got into trouble over it, anyway.

Mr. CUNNINGHAM. You are just getting initiated now.

General BRADLEY. If I may continue: It is difficult at the present time to get rid of anyone under civil-service status, and I think what we must do is just take the bit in our teeth where we want to get rid of these people.

Right now I think it is a question of whether or not he is better than nothing, because we have no one to replace him. But certainly after we catch up we must take steps to get rid of inefficient or trouble-making doctors, even though we go on trial ourselves.

Mr. CUNNINGHAM. You do not have the power now to do it.

General BRADLEY. We have, but it is rather difficult to do it because we have to file charges.

I am hoping I can work that out with the civil-service people.

Mr. CUNNINGHAM. That is just it. When the heads of the hospitals file the charges the burden is on them and they cannot get anyone else to testify from the hospital for fear of reprisals. In other words, they do not have the power to get rid of those doctors. You may take the bit in your teeth but I think you will run into difficulties in the facilities.

General BRADLEY. I know I will.

The CHAIRMAN. All they can do is shift them to some other place to stir up trouble there. So I agree with the gentleman from Iowa, I would like for you to have the power to remove every employee and put others in their place. I want to take off those restrictions.

Mr. ALLEN. Mr. Chairman, I do not get the idea of you terming it shifting, because ordinarily the man that is unfit at one place will probably be unfit at another.

The CHAIRMAN. I said remove them.

General BRADLEY. May Mr. Birdsall bring out one point?

Mr. BIRDSALL. Mr. Chairman, you would have to amend the basic civil-service laws governing all employees, and you would also be confronted with the veterans preference law, recently enacted, in some instances of these doctors.

The CHAIRMAN. Whatever law we pass would take precedence over all other law that conflicts with it. What we are after is to untie the hands of the Veterans' Administrator so that he can see that these doctors are the right kind and on their toes and doing the job all the time or else get rid of them.

Mr. ALLEN. We want efficiency, regardless.

The CHAIRMAN. Yes.

Mr. KEARNEY. Mr. Chairman, I thoroughly agree with Mr. Cunningham and yourself. A doctor who may be in the service now and who has preference under any veterans law, if he is inefficient I do not see why the Veterans' Administration should keep him. What we want here is efficiency.

The CHAIRMAN. The patient also has some veterans preference.

Mr. KEARNEY. Yes; the patient has some veterans preference in demanding good care.

The CHAIRMAN. That is right.

Mr. ALLEN. That takes precedence over everything.

The CHAIRMAN. General. I want to ask you about another question there. You raise this issue—when I asked you about these residencies I thought you meant with reference to requiring these persons to live on the hospital grounds.

General BRADLEY. No, sir. That is a medical term for people who are still undergoing some training, young doctors who are doing further training toward specialization but are qualified to practice in the hospitals, and I believe that is a term used by the medical pro-

fession for these men that they have been using in civilian hospitals for a long time.

The CHAIRMAN. Now, you spoke about giving 25 percent differential between specialists and a regular physician. Is that sufficient latitude?

General BRADLEY. That would be quite an incentive. We hesitated to go any further on it. That does not exist at the present time in either the Army or Navy Medical Corps but I have talked informally with General Kirk, for example, and he thinks the principle is sound to provide some additional pay for men who work hard to specialize and go before one of these boards—in most of the cases it would be a civilian board until we have enough of them built up within our own corps—and qualify as a specialist. It would be quite an incentive even to be labeled that, and 25-percent increase in pay on that, we think, would be quite an incentive.

The CHAIRMAN. Well, would it be sufficient incentive?

General BRADLEY. We think it would. We may be wrong. Time may prove us wrong.

Mr. KEARNEY. Mr. Chairman.

The CHAIRMAN. Yes.

Mr. KEARNEY. I would like to ask General Bradley, under this bill—it is something the committee has talked about in the proposed legislation—what chances for promotion would there be for a youngster who ranks, we will say, as a first lieutenant, over that of a man, we will say, who might be a major, where the comparison between the two so far as medical efficiency, shows that the first lieutenant is far superior to the major?

General BRADLEY. May I ask what page that is on?

Mr. KEARNEY. I do not know what page it is on but I am speaking now about promotions within this proposed medical corps.

General BRADLEY. The general principle we have set is that they would go up in the same way as in the Army and Navy Medical Corps; which is by length of service.

We discussed this point as to whether or not to put something in there which would permit of a certain amount of selection for outstanding young people who could be jumped sooner if they had outstanding qualification.

Mr. KEARNEY. Under this bill as it stands now the youngster would not have a chance so far as the ordinary routine of promotion.

General BRADLEY. I believe he goes up according to the length of service. We discussed this.

Mr. KEARNEY. He goes up by length of service, but the officer above him also goes up, does he not?

General BRADLEY. That is right. He could still qualify himself for this 25-percent increase.

Mr. KEARNEY. Section 12, page 12, I presume—

to any grade up to and including the grade of director shall be made only after examination,

and so forth.

General BRADLEY. That is the regular promotion system, but they would have to qualify by examination. So that if a major could not qualify by examination he would not go up. The young fellow would if he qualified. That was the only restriction we have on that. We

would make them pass a certain examination and if they did not qualify we would not promote them.

Mr. PICKETT. If he takes the examination and does not qualify himself he is separated from the service. Is that right?

General BRADLEY. That is right.

Mr. KEARNEY. He is separated? The bill says he may be separated.

Mr. PICKETT. The bill says he shall be.

General BRADLEY. Yes. It says that, "shall be." It had slipped my mind as to how we finally put it in.

Mr. DOMENGEAUX. Well, General, may a man not be an excellent physician and still not be able to take a good academic examination?

General BRADLEY. Yes.

The CHAIRMAN. General, I think you will find in some sections of the country civil-service schools where they keep the old civil-service questions and where doctors who want to get on the Federal pay rolls, and especially the Veterans' Administration, have been what we used to in college call cramming for the examination. And for that reason I am——

General BRADLEY. We do not have to take those people. We have had several of them certified to us lately and we have not taken them.

The CHAIRMAN. They are on the list, though.

General BRADLEY. They are on the list but we have not taken them, even though they were on the top of the list. We have been able to work it out with the civil-service representatives in most of the cases. If we find a young doctor who wants to come with us we go and get him certified, even if he is not at the top of the list as originally furnished us by the Commission. They have been working with us very well on that lately, both with doctors and lawyers. In fact, we have had quite a lot of lawyers.

The CHAIRMAN. I do not want that racket worked on the Veterans' Administration. They have been working the civil-service racket to get on that roll, and I do not want them to work any such racket to get in veterans' hospitals, because the practice in these hospitals is altogether different from the practice elsewhere. Because here all these are sick men or injured men or demented or nervous cases. And for that reason I want to untie the hands of the Administrator so that he can go out and get doctors and not have them thrust upon him through civil service, and especially through a civil-service racket.

Mr. ERVIN. This has only been for war service and 6 months' duration thereafter.

General BRADLEY. All of them now are on that temporary basis.

Mr. ERVIN. And has Civil Service not cooperated because of shortage of manpower, and is it not true that later we might run into the very thing where you might not be able to get certified the men you wanted because someone else has crammed for the examination?

General BRADLEY. My experience with that has been rather limited. I had hoped we might continue to work the same close relationship and get these people certified to us. If not, then we would have to come to you for legislation.

Mr. ERVIN. During hostilities the Civil Service Commission has been willing to certify almost anybody whom any administrator would say that he wanted, but that would not be true during peacetime. You would just be given a bunch of names and you would have to pick someone out of that group of names.

General BRADLEY. If it does then I would have to come to you.

Mr. ERVIN. Well, we might give it to you now if you want it.

Mr. DOMENGEAUX. I was told that in a civil-service list to you the top man on that list was a doctor 80 years of age.

General BRADLEY. I believe there was a doctor 85 years of age. We did not take him.

Mr. DOMENGEAUX. Of course.

The CHAIRMAN. I think every member of the committee will agree with me, we have gone through a long investigation of veterans' affairs, and as far as I am concerned I will say that practically all the trouble I found was because of the doctors that I will say have been unloaded on the Veterans' Administration within recent years.

General BRADLEY. We were hoping that with this corps as set up by this bill, plus residencies, plus the close tie-in which we are arranging with these medical centers, that we can solve a lot of these medical problems and then let these inefficient ones go. Right now, as I said a moment ago, we are faced with the fact of either using those or none. We do not have very many that are worse than nothing. We may have a few.

Mr. GIBSON. You should have the discretion, though.

The CHAIRMAN. General, here is another question you are going to be confronted with: Whenever you establish one of these hospitals and establish this policy near a school, you are likely to have them swarm in from some other section of the country to that school with the understanding they will be handled in this way. I would like to see the doctors in these hospitals selected from the region where the hospital is situated and not imported from somewhere else to create friction, as has been done in recent months, and to impose on the people in those hospitals doctors that they do not want and would not have if they could get rid of them. I am just wondering if we are not likely to run into that very problem in an aggravated form.

General BRADLEY. The resident physicians, doctors who go with us, are agreed upon and we would not have to take someone who was not agreeable to us. Just for the purpose of making the record clear, sir, I would like to point out that it is not all of these doctors that are inefficient who are in civil service. We have some very fine doctors. And in talking about some of the few who are not so good—and one bad man usually offsets the work of a hundred good ones—we are liable to create the impression here that they are all bad. There are a few poor ones that sort of overshadow the work of the good ones.

The CHAIRMAN. The members of the committee do not want to leave that impression, but a few bad ones who are troublemakers certainly can create a good deal of trouble.

Mr. KEARNEY. General, in discussion of this proposed bill with your medical staff was there any thought given to the compulsory attendance by the doctors of your staff to attend clinics?

General BRADLEY. I do not know that we considered them compulsory. I am doubtful of what you could accomplish by making someone specialize who did not want to.

Mr. KEARNEY. I do not mean specialize, but I do say, after going through a number of these hospitals, the thought of the doctors themselves was they did not have any opportunity to attend clinics, such as the Mayo, only at their own expense.

General BRADLEY. We would hope to send any number of them that we can spare, and I think that is provided in here.

Mr. DOMENGEAUX. Does this provide interns as well as residencies?

General BRADLEY. No. Just residencies.

Mr. DOMENGEAUX. You do not intend to use interns?

General BRADLEY. No, sir.

Mr. DOMENGEAUX. Why not, sir?

General BRADLEY. Well, we wanted to make sure of this, and this is the thing that would really give us the service. We have not studied internship. I do not know. General Hawley will appear before this committee and he is better qualified to answer that than I am. He will be glad to appear here and try to answer some of these more technical questions which I do not feel qualified to answer.

Mrs. ROGERS. Had you finished?

Mr. DOMENGEAUX. Yes.

Mrs. ROGERS. Do you not think you ought to pay the outstanding consultants more for giving their time?

General BRADLEY. We probably should, and that is being studied right now by General Hawley as to whether or not we should not pay some of the outstanding ones a larger fee for their services. It is difficult to balance that with the pay you give the full-time men without creating some dissension but we think we can work out a schedule which will be acceptable to all of them.

Mrs. ROGERS. I saw some of General Hawley's outstanding work, General, and I would be delighted to have him here. I always thought that corps was pushed around and never treated with any dignity and I am delighted that you are showing the interest.

The CHAIRMAN. General, this proposition of presenting the differential of 25 percent still bothers me from this standpoint: This is the largest hospital organization in the world. We have more mental patients than any other group of hospitals in the world.

That is true, is it not?

General BRADLEY. Than any other one organization; yes, sir.

The CHAIRMAN. Yes. Now, suppose it were necessary to employ an A-1 mental specialist, we will say. He might not want to be at one hospital all the time. You may want to send him to one and another or you might want him at one of the large hospitals all of the time. It is apparent to me that you could not get that kind of man, at least I do not think you could, unless you had more latitude there. If you are going to get top-flight experts on tuberculosis or mental diseases or on cancer, you are going to have to pay them and pay them well.

Of course, as someone said, they will become experts, and I will admit some of them will call themselves experts; but if you want to get a real expert, a top-flight man, to direct this work, in my opinion you are going to have to make your differential more than 25 percent. And for that reason, as I said, I am for untying the hands of the Administrator as much as possible.

General BRADLEY. The 25 percent was put in here for those within our corps only. We could still hire experts, specialists, under section 21, which says the Administrator of Veterans' Affairs, upon the recommendation of the Surgeon General, may employ physicians, dentists, pharmacists, technicians, nurses, dietitians, social workers, librarians, and such other professional, clerical, technical, and un-

skilled personnel, in addition to commissioned or noncommissioned personnel of the component corps, on a full-time, part-time, or fee basis at such rates of pay as he may prescribe subject to existing law.

The CHAIRMAN. That answers my question.

Mrs. ROGERS. That gets around the provision that consultants shall only be paid \$20 a day.

General BRADLEY. This gives us authority to pay them within the limits prescribed by law.

Mr. ALLEN. That section seems to give you the latitude.

General BRADLEY. The other question that was asked I might just also answer here. [Reading:]

The Administrator of Veterans' Affairs is authorized to place officers and noncommissioned personnel of the Department of Medicine and Surgery on duty in schools of the Army, Navy, and Public Health Service and in civil institutions of learning, with the consent of the authorities concerned, for the purpose of increasing the professional knowledge or technical training of the personnel of the Department: *Provided*, That not to exceed 5 per centum of the personnel of the Department be placed upon such duty at any one time.

Mr. KEARNEY. What page is that?

General BRADLEY. Page 24, section 20 (b).

Mr. DOMENGEAUX. May I ask a question?

The CHAIRMAN. Yes.

Mr. DOMENGEAUX. General, is it contemplated under the law or in regulations that doctors shall be in military uniform?

General BRADLEY. We would say not. We would recommend they stay in civilian clothes and unless directed to do so we would not have a uniform for them. This provides, however, that in time of war they may be put in uniform.

Mr. DOMENGEAUX. Yes.

General BRADLEY. I think that might solve our troubles in case there should be such a thing happen again, to be able to put this corps in uniform and keep them satisfied, because there is some dissatisfaction sometimes if we keep them out of uniform in time of war.

Otherwise, they would be in civilian clothes.

Mr. KEARNEY. Would they be in the Reserve Corps?

General BRADLEY. That is not provided in this bill and we would prefer not to have them in the Reserve Corps of the Army or Navy, because we would prefer to hold these people during war.

That is what happened this time, so many went into the Army and Navy and left us short. As a matter of fact, we had to borrow some back from the Army.

Mr. ALLEN. As a matter of fact, some might be in the Reserve Corps.

General BRADLEY. Yes. There is nothing in here to prohibit them from so doing.

Mr. DOMENGEAUX. Will they be designated by military names?

General BRADLEY. No. This uses different terms. One paragraph sets up the corresponding grade for pay purposes but instead of a colonel we call him a director, and full grade instead of a captain, and so on down.

Mr. DOMENGEAUX. No military terms.

General BRADLEY. No military terms. We use those terms for rating and pay purposes, and undoubtedly they would just be called doctors.

The CHAIRMAN. General, as I take it, you would like to have this bill enacted into law as soon as possible.

General BRADLEY. Yes, we would; because there are a lot of people coming out of the Army and Navy from whom we believe we could get interested ones in this; and this bill provides that they would get credit for the service in the Army and Navy.

Mr. ALLEN. In other words, you are formulating your program right now and you believe this would dovetail right into it.

General BRADLEY. Yes.

Mr. KEARNEY. Did you figure the cost?

General BRADLEY. No; we did not figure the cost. We have not tried to figure the cost. I might say this, however, that the actual cost of a doctor in this is not much different from what we are paying him now under the civil service. It might be a little bit more; the retirement privileges are a little bit different years hence, and we just offer some opportunities that are not offered under civil service. I do not believe the cost would be much more than it is under civil service.

Mr. GIBSON. It will be a little bit more?

General BRADLEY. Yes; how much, I am not prepared to say.

Mrs. ROGERS. Will they have the benefit of life insurance?

General BRADLEY (confers aside). Mr. Birdsall says only in time of war where they are on active duty then they would become entitled to any insurance.

Mrs. ROGERS. I am very glad you recognize the nurses who have done a remarkable work with no recognition until recently and they were classified as subprofesional.

The CHAIRMAN. General, there are two or three other items that you mentioned here that are not included in this bill. One was a reciprocal bill. Do you favor the passage of that at the present time?

General BRADLEY. Yes; with some changes. I think there are only four nations with whom we have had that following the first World War. England, Canada, Australia, and New Zealand. And I believe the figures on that were furnished some time ago. I do not think it amounts to a great number. They tell me the approximate figure was something between 2,000 and 3,000 patients out of some 3,000,000 patients that have been admitted to hospital since the last war.

That was just a case of these people who were willing to give our men service in those countries, of giving them the corresponding service. Their Government pays for it. We merely take care of them and submit the bill to that Government.

The CHAIRMAN. They have never refused to pay any of those bills. have they?

General BRADLEY. Not that I know of.

Mr. ALLEN. I remember when we had that bill before us a few months ago, as I recall, the bill had passed the Senate and this committee was considering it and some questions were presented which caused this committee to hold up the matter and try to get further information. At that time it was not clear just how far we were going.

In other words, under the wording of the bill we were not right certain of what a Canadian was to get from down here; he might get the benefits of the GI bill, or something like that. We wanted to be certain.

In other words, if it was going to be reciprocal we wanted it to be reciprocal. We did not want the responsibility to go too far on our part.

I would like to have more information on the bill. As I recall, I think the VFW had some questions about it when it came before us.

Mr. KEARNEY. I think they opposed it.

Mr. ALLEN. Yes; I think the VFW opposed it.

Mr. KEARNEY. There is nothing on that that has reference to the GI bill.

Mr. ALLEN. Well, we want to look into that.

General BRADLEY. In H. R. 3522 it merely says the provisions of section 202 (14), World War Veterans Act, 1924, are hereby extended and confined to those governments allied with the United States since December 7, 1941, and prior to the termination thereof.

In other words, this would merely extend what you had in World War I to World War II.

Mr. ALLEN. That is not all of the bill, is it, General?

General BRADLEY. That is the way it was originally prepared, but we have changes to offer.

The CHAIRMAN. Is that S. 294 you have, Mr. Birdsall?

Mr. BIRDSALL. Yes, sir.

The CHAIRMAN. That is the bill that passed the Senate?

Mr. BIRDSALL. Yes, sir.

General BRADLEY. And we suggested this other bill which would provide the same thing under this reciprocal as World War I and offer certain changes in that to meet changed conditions.

Mr. PICKETT. What is that citation?

General BRADLEY. Section 202 (14), World War Veterans' Act, 1924, as amended. I will read that (14). [Reading:]

(14) That the bureau is authorized to furnish transportation, also the medical, surgical, and hospital services, and the supplies and appliances provided by subdivision (6) hereof, to discharged members of the military or naval forces of those governments which have been associated in war with the United States since April 6, 1917, and come within the provisions of laws of such governments similar to this Act, at such rates and under such regulations as the director may prescribe; and the bureau is hereby authorized to utilize the similar services, supplies, and appliances provided for the discharged members of the military and naval forces of those governments which have been associated in war with the United States since April 6, 1917, by the laws of such governments similar to this Act, in furnishing the discharged members of the military and naval forces of the United States who live within the territorial limits of such governments and come within the provisions of subdivision (6) hereof, with the services, supplies, and appliances provided for in such subdivision; and any appropriations that have been or may hereafter be made for the purpose of furnishing the services, supplies, and appliances provided for by subdivision (6) hereof are hereby made available for the payment of such governments or their agencies for the services, supplies, and appliances so furnished at such rates and under such regulations as the director may prescribe.

S. 294 is in the form originally proposed to Congress by the Veterans' Administration after clearance by the Bureau of the Budget. The bill received further study, particularly from the standpoint of clarification as to types of benefits involved and to govern the administration thereof to protect the rights of veterans of the armed forces of the United States. There follows the revised language proposed by the Veterans' Administration which will serve to accomplish the fore-

going purposes and which will offset the objections made to your committee concerning the language of S. 294 as it passed the Senate [reading]:

(a) The provisions of section 202 (14), World War Veterans' Act, 1924 (38 U. S. C. 488), are hereby extended and confined to those governments allied with the United States in the war since December 7, 1941, and prior to termination thereof.

(b) In consideration of reciprocal services extended to the United States, the Administrator of Veterans' Affairs is authorized, upon request of the proper officials of the government of any nation allied or associated with the United States in the present war, to furnish to discharged members of the military or naval forces of any such government, under agreements requiring reimbursement in cash of expenses so incurred, at such rates and under such regulations as the Administrator may prescribe, medical, surgical, and dental treatment, hospital care, transportation and traveling expenses, prosthetic appliances, education, training, or other similar benefits authorized by the laws of such nation for its veterans, and services required in extending such benefits: *Provided*, That hospitalization in a veterans' facility shall not be afforded hereunder, except in emergencies, unless there be available beds surplus to the needs of veterans of this country: *Provided further*, That the Administrator may contract for necessary services in private, State, or other Government hospitals. All amounts received by the Veterans' Administration as reimbursement for such services shall be credited to the current appropriation of the Veterans' Administration from which expenditures were made.

Mr. ALLEN. General, here is the point—I am not opposing this matter but I simply want information on it—on page 2 of this S. 294 in line 3 we agreed to furnish education—the word “education” is in there—or other similar benefits; or to make medical examination, social investigation, as pertains to such portions.

Now, our education comes under the GI bill. Now, some of us were wondering if a Canadian would come down here and expect us to give him the benefit of the GI bill. What investigation do we have to make with this?

General BRADLEY. I believe, if I understand it, with due regard to the one passed by the Senate, those rights would have been determined by the Canadian law and not by ours. However, we suggested changing in this H. R. 3522 to the simple paragraph which merely gives him the same as was provided after the last World War but have certain modifications to offer.

We recommended this on the ground that our veterans who may happen to be in foreign countries will be able to do that, and give them the same service here. If we give them the same service, maybe we can work it out and give our veterans there the same service.

Mr. ALLEN. This bill as it came to us seems to go much further than that. It covers transportation and travel expense, prosthetic appliances, education, and other benefits.

Mr. BENNETT. We do not have H. R. 3522 before us now and it means that.

The CHAIRMAN. Did you take this and work out the amendment?

General BRADLEY. It is included in section 19 of H. R. 3522, but we have changes to offer.

The CHAIRMAN. What I would try to do instead of passing another bill would be to amend section 19. I will ask Mr. Birdsall to work out the amendment to this S. 294; because if we are going to pass anything at all, I would rather pass the Senate bill as amended. Then the chances are the Senate would accept our amendment. But if we

pass another bill, then it will be sent to conference and lead to a good deal of controversy that might be avoided if we could agree to an amendment on S. 294. So I will ask counsel to prepare an amendment that would be satisfactory to the Administrator.

General BRADLEY. Yes. What we are thinking about is some agreement which will furnish certain hospital and other benefits we can grant to our veterans who are in those countries and want to get it. We are willing to give the same thing here.

Mr. ALLEN. That is right, General, and I do not think anybody objects to that, but we want to know how far we are going.

Mr. BENNETT. We want to know how much it costs.

General BRADLEY. Their Government pays it.

Mr. BENNETT. Their own Government?

General BRADLEY. Yes.

The CHAIRMAN. Their own Government pays every dollar of it.

Mr. PICKETT. I understand even if a man came to this country and took advantage of the educational benefits, the Canadian Government would pay for it.

General BRADLEY. That is right. Mr. Birdsall has some statistical information which you may desire.

The CHAIRMAN. Let us hear Mr. Birdsall.

Mr. BIRDSALL. Mr. Chairman, just an example to show the low amount of money involved. In Canada under section 202 (14) of the World War Veterans' Act as amended, during the months from July through September 1944 we received from Canada \$10,562.73. That is reimbursement to us for our care furnished their own veterans under their own laws.

From October through December the same year it dropped to \$4,323.71.

In January, February, and March of 1945 the amount was \$3,430.16.

For Great Britain from July 1944 through March 1945 we have a total of \$9,936.88, with an average of about \$3,312 for each of the three quarters.

Mr. GIBSON. They credited that on lend-lease, I presume.

Mr. BIRDSALL. From Newfoundland, July through September 1944, \$1,109; and from October through December 1944, nothing whatsoever; January to March 1945, \$1,304.

Payments made by the United States to Canada from July through September 1944 were \$210.62; October through December \$156.18; and January through March 1945 \$169.59.

The CHAIRMAN. Now, Mr. Birdsall, has any Government ever failed to pay these hospital expenses?

Mr. BIRDSALL. No. We bill them automatically. There is an agreement drawn up, and it is paid.

The CHAIRMAN. The arrangement is made with the foreign government and these bills are taken care of. It does not cost the Federal Government anything, but it enables us to get our men taken care of in their hospitals under the same arrangement.

Mr. ALLEN. I have no objection to that at all. I want that. But I want to know from Mr. Birdsall if the bill contemplates giving these other veterans any rights under the GI bill.

Mr. BIRDSALL. No, sir.

Mr. ALLEN. That is what I want to know.

The CHAIRMAN. This bill did not give them anything that their Government did not pay for. If it will relieve any anxiety, I will be glad to accept an amendment.

Mr. GIBSON. Under an emergency proposition it is highly proper that a law be passed. When it comes to education, a man can go back to his own country to get it.

The CHAIRMAN. You probably would never have a dollar paid on education under that bill. This reciprocal arrangement will not cost the United States Government a single dollar. Every dollar of it must be paid by the Government whose patient is taken care of.

Mr. BENNETT. So, Mr. Chairman, the only question that seems to be involved, is whether or not our facilities are adequate enough to take care of these foreign veterans without injury to our own, who in some cases at present are not able to get in.

Mrs. ROGERS. Do you have reference to the educational as well as medical?

Mr. BENNETT. Medical.

The CHAIRMAN. That would be under such regulation as the Administrator prescribes, and I am sure the Administrator would not take care of anybody he did not have the beds for.

Mr. VURSELL. I am very much pleased with the general line of thinking of General Bradley and those who have helped him in developing H. R. 4225. I am very strong for utilizing young men who want to attain higher skills in their profession and I believe a lot of your trouble in securing doctors in the future in the Veterans' Administration, at least a great part of it, may be solved. Because when these young men get in the groove and get located, they will grow up in the department. I think it is a very fine arrangement. And I have no fear about this Senate bill we have just been discussing—S. 294. Now, it would seem to me that what we ought to do after having gone over this bill as we have would be to expedite the matter as rapidly as possible with the least discussion possible after we have discussed the matter fully enough to know that we have rendered our contribution. I want to congratulate General Bradley, and I believe I express the sentiment of everyone here. And let us give him the tools to work with as rapidly as we can so that he may get started on this matter.

Mr. PICKETT. May I ask a question?

The CHAIRMAN. Go ahead.

Mr. PICKETT. General Bradley, in reference to H. R. 4225, may I ask if you used as a basis in drawing that bill the structure of the Army Medical Corps?

General BRADLEY. We followed it in many particulars.

Mr. PICKETT. And made provision for the special service it is designed to render. Is that right?

General BRADLEY. That is right.

Mr. PICKETT. Now, it is your opinion that under the administration of the Medical Corps created by the bill that part of the objection of the members of the corps to a multitude of paper work will be eliminated? Do you think you might be able to do that?

General BRADLEY. I believe it is an administrative thing rather than one to be provided in this bill, and we are doing that now by furnishing certain clerical help to the doctors and nurses to relieve them of

part of the clerical work they have been doing. And I believe that can be done administratively without including it here.

Mr. PICKETT. I quite agree with you, and I just wondered if you left yourself enough latitude to do that.

General BRADLEY. Yes, we do have that latitude I believe to use civil-service clerical help.

Mr. PICKETT. Now, one further question: In your study of the bill, when you got through did you or someone in your organization draw a chart so you can look at this?

General BRADLEY. I have not seen one myself. I expect General Hawley has one. We discussed at great length the grades, for example, and the numbers in the various grades, to try to get a well-balanced force. I do not remember having seen an organization chart itself stuck up on the wall. He may have one.

Mr. PICKETT. If there is such a thing available, may I call on General Hawley and ask for a copy?

The CHAIRMAN. General, you spoke of another bill here, the Sparkman bill. As you say, that is something new under the sun as far as the Veterans' Committee is concerned and as far as the Veterans' Administration is concerned. Do you have any comment to make on that?

General BRADLEY. I am afraid not, sir. It is a new subject and we knew nothing about it until we got this directive just a few days ago from the President that we would be the agency which kept track of such legislation. That is the first we had heard of it.

The CHAIRMAN. Do you mean that you would have to keep track of that particular legislation?

General BRADLEY. Not that particular bill but that subject, employment.

The CHAIRMAN. You mean it would be referred back to you, to the Veterans' Administration, you to keep track of that particular subject?

General BRADLEY. We to keep track of the legislation and attend to the coordination of that. I do not have the directive here, but we would be the agency which would keep track of that legislation and attend to the necessary coordination of it.

The CHAIRMAN. Now, I expect the members of the committee would like to hear you further on that. I did not know that such a directive had been issued about employment.

In other words, it is taking legislation that was before another committee and transferring it over to this committee and it is rather far-reaching I think, and it is entirely probable that the committee would want to hear you at length on it. Can you come back tomorrow?

General BRADLEY. I am at the present time scheduled to appear before another committee tomorrow morning, sir, and I doubt very much if I could give a very intelligent answer that soon on this anyway because it is entirely new to us and we are trying to study it and get some coordination on it now.

The CHAIRMAN. We will give you time. We want to approach all this legislation with an understanding. I will withhold presenting that to the committee until you have had time to study it.

General BRADLEY. I would appreciate it because as I say it is entirely new and there are a lot of problems that have to be studied and that is another one.

The CHAIRMAN. Now, there is another bill with reference to space. I have discussed that proposition with you. And the veterans organizations have asked for an amendment, and it is probable that you will want to discuss that at more length.

General BRADLEY. We have not submitted a report on that bill because we have not heard from the veterans' organizations. Before I came into the office the then Administrator wrote to these various organizations explaining what we were up against now and asking for their views. Only one of those so far has answered this inquiry. I might just say briefly that it is getting to be a serious problem. Heretofore they have occupied surplus space in our regional offices and have been a great help to us, because they have been in small numbers and we could take care of them without overcrowding and without going out and renting space. Now, with the great increase in the number of veterans and the number of organizations which are interested in it it is getting so large that we would like guidance on it.

For example, one manager the other day reported he already had 22 such representatives and he had had requests for 47 by the end of the year. One other office has 78 representatives.

And we feel it is getting so large—in fact it is so large that we cannot put them in any surplus space because we do not have any surplus space, and we do not believe we have authority under present law to rent space specifically for them.

One office wanted authority to rent 10,000 feet to house veterans' organization representatives. So it is getting into a big-size thing, and we cannot get space for our own people even, and we would like guidance on it. And with the increase in veterans' organizations it is getting to be a big problem.

Mrs. ROGERS. You are giving them space now, are you not?

General BRADLEY. Where we have had space we have given even 5 or 10, where we could put them in space that we have. Now one office has 78 and it gets into a serious problem.

Mrs. ROGERS. I understood that help was given in filing their claims. These veterans' organizations can be very helpful.

The CHAIRMAN. We are going to adjourn now and I will ask you also to take H. R. 3114 and also the Sparkman bill, and then I am going to ask you to get a copy of H. R. 3103 and go over it. And we want to hear from you on those measures at an early date.

Mr. DOMENGEAUX. May I ask a question?

The CHAIRMAN. Yes.

Mr. DOMENGEAUX. On this Medical Corps bill, would it not be a good idea to have General Hawley before the committee? Because the general has said on some questions he did not feel he had the information or knowledge to testify on medical questions.

General BRADLEY. I would be very glad for you to hear General Hawley, because he can answer many of these technical questions better than I can. And if there is any doubt, I hope you will listen to him, because he has been running over the country. That is the reason he is not here today; he is in Chicago meeting with some of these people. They are enthusiastic about helping us out, and I believe we

can use these medical people way beyond what we have now, and as soon as we can get one set up I would like very much if you could designate some of the members of this committee to go out and take a look at it.

The CHAIRMAN. When will he be here?

General BRADLEY. He should be back tonight unless he runs into bad weather.

The CHAIRMAN. Suppose we adjourn then until 10:30 tomorrow morning.

General BRADLEY. Would you like him to appear then at 10:30 tomorrow morning?

The CHAIRMAN. Yes.

(Whereupon, the committee adjourned to 10:30 a. m. of the following day.)

VETERANS' ADMINISTRATION MEDICAL CORPS BILL

WEDNESDAY, OCTOBER 10, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10:30 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will be in order.

General Hawley, I believe, is to be heard this morning on the Medical Corps bill. You may proceed, General.

STATEMENT OF MAJ. GEN. PAUL R. HAWLEY, ACTING SURGEON GENERAL, VETERANS' ADMINISTRATION

Mrs. ROGERS. Mr. Chairman, I should like to say that I had a chance at first hand to see General Hawley's work in the SHAEF area of the European theater of war. Certainly he and his men have performed miracles for our men and women over there.

General HAWLEY. Thank you, Mrs. Rogers.

Mr. Chairman, I have no prepared statement. I should like to say by way of introduction that there are many things we feel must eventually be done in order to raise the standard of medical service in the Veterans' Administration. We feel that a bill of this kind is the start. So much depends upon attracting a high quality of doctor into the permanent service of the Veterans' Administration before we can proceed to other reforms.

We do not think that this is going to be the complete answer, but we feel that it is necessary for us to make a start. Nor do we feel that this bill will provide all of the doctors that are necessary. The bill only provides, in physicians, 2,585, when our present needs are for 3,800. But we feel that it will take us some time to attract 2,585 doctors of the quality that we want, first; and second, that there are many good doctors who will want to stay with us and others who will want to come with us, who could not meet the physical qualifications that it would be necessary to set up, since the Government is underwriting what amounts to a life-insurance policy and a retirement privilege for disability; for this reason there must be certain physical standards for appointment.

In addition to these 2,585, even when the ranks are filled, we shall always have to employ other doctors, both full-time and part-time. If the supply of doctors in the United States increases to a point where we can get more than 2,585, and if we need more than that number, we shall present the matter to this committee for consideration.

There is the danger of building up too large a corps, which we do not want to do. We want to try this out with the minimum number that we think can handle their part of the load.

I think that is all I have to say. I should be very glad to answer questions, of course. But I have no other remarks.

Mr. ALLEN. General, one of the principal things that concerns me is to know that the Veterans' Administration is going to have a free enough hand to get the type of medical service that this committee and the Congress want the veterans to have, and that the veterans are entitled to. Now, just how much does this bill tie your hands? Just how much liberty do you have under this bill to go out and get the kind of doctors you want?

The CHAIRMAN. And to get rid of those you do not want?

Mr. ALLEN. Yes; and to get rid of some men you do not want?

General HAWLEY. This bill does not deal with the doctors that are employed under civil service. It gives us no freer hand in getting rid of the doctors employed under civil service who are not up to the standard that we want. Insofar as the doctors that come into the Veterans' Administration by the bill itself, I think it gives the Administrator a completely free hand. He sets the educational standards. The bill provides that they must pass an examination for promotion, and if they fail they can be gotten rid of. It provides further that the Administrator may set up boards that may dismiss people for inaptitude, inefficiency, or misconduct.

Mr. ALLEN. Under that board procedure I assume that you have to file charges and prove the charges, and so forth?

General HAWLEY. That is true.

Mr. ALLEN. As a matter of fact, I have found, and other gentlemen of the committee too have found, I am sure, that—

General HAWLEY. If I may interrupt, Mr. Allen, may I ask Mr. Odom to explain that part of the bill?

Mr. ALLEN. Yes.

Mr. ODOM. Under this bill, as far as a member of the corps is concerned, the procedure would not take the form of filing charges. As to any doctor who is still under the civil service, charges would have to be filed in accordance with civil-service laws and regulations. But if you get 2,500 doctors in the corps, we are going to be able to declare a lot of positions surplus, and that is the recognized way of getting rid of unsatisfactory civil-service employees. Contractual rights are not voided by such procedure.

The CHAIRMAN. Right on that point and before you leave it, Mr. Odom, we do not want to declare a vacancy to cure a situation like that. What I want to do is to give the Administrator of Veterans' Affairs the power to remove any man from the pay roll who is unsatisfactory.

Mr. KEARNEY. Will the gentleman yield?

The CHAIRMAN. Yes.

Mr. KEARNEY. General, does this bill still provide that the doctors shall be selected from the civil-service list?

General HAWLEY. No; not the doctors to be appointed under the provisions of this bill.

Mr. KEARNEY. Have you the power to go out and get them, regardless of the civil service?

General HAWLEY. Yes; those provided in this bill—to get them and to dismiss them, regardless of the civil service.

The CHAIRMAN. Right on that point, General, can you dismiss them without going through a great rigmarole of red tape, under this bill?

General HAWLEY. Yes, sir.

The CHAIRMAN. That is what I want. I want the Administrator to have full power and responsibility.

Mr. CUNNINGHAM. But you do not have that insofar as those who are now employed under the civil service are concerned?

General HAWLEY. Not under this bill.

The CHAIRMAN. But you can shift them back to the War Department where they came from, General?

General HAWLEY. Those that were sent by the War Department; yes, sir.

Mr. CUNNINGHAM. How can we amend this bill so you can get rid of those you have under civil service, if they are not satisfactory?

Mr. ODOM. You have to amend the Civil Service Act.

Mr. CUNNINGHAM. Could not that be handled in this act?

Mr. ODOM. Certainly, I think it could. But, gentlemen and Mrs. Rogers, I am very confident that with the authority to employ up to 2,500 doctors in the corps, we can declare surplus enough positions to get rid of all the unsatisfactory civil-service employees.

Mr. CUNNINGHAM. Then there is power in this bill to take care of that?

Mr. ODOM. The effect of this bill will be, I think, to accomplish that purpose. There is only one difficulty there, I may mention. It is not just efficiency ratings that count in getting rid of civil-service employees. There is length of service, and so forth. But if they are rated as less than good, there will not be very much difficulty in getting rid of them.

Mr. ALLEN. What I want to know now, Mr. Odom, or General Hawley, if I may, is how are you going to get rid of those fellows that are now under civil service? What authority have you to declare a position surplus?

Mr. ODOM. We can declare any job surplus if it is surplus.

Mr. ALLEN. Well, let us see about that. You declare a doctor's job surplus. You get him out. Then you turn right around and put another doctor in.

Mr. PICKETT. If the gentleman will allow me, I think I can get the answer to that question. Mr. Odom and General Hawley, as I understand, what you are driving at here is to get 2,500 members of the Medical Corps.

General HAWLEY. That is correct, sir.

Mr. PICKETT. Let us assume you needed 4,000 physicians.

General HAWLEY. That is right.

Mr. PICKETT. And in the entire Veterans' Administration you had 2,500 under civil service and you have 2,500 under the corps.

General HAWLEY. Yes, sir.

Mr. PICKETT. That gives you 5,000 physicians.

General HAWLEY. Yes, sir.

Mr. PICKETT. Then you have 1,000 more than you need.

General HAWLEY. Yes.

Mr. PICKETT. So you could declare those 1,000 who came in under civil service to be surplus, assuming they are unsatisfactory, and replace them with members of the corps; is that right?

General HAWLEY. Yes. Of course, you can abolish jobs under the civil service, too. But that ties your hands if you ever want to recreate that job. I am not in agreement entirely with Mr. Odom that it is easy to get rid of people employed under the civil service. It is quite difficult, I assure you.

Mr. CUNNINGHAM. I do not see why the bill cannot be amended so that it would not be difficult to get rid of a person who was unsatisfactory.

Mr. ALLEN. Mr. Chairman, I would like to proceed, if I may.

I believe you can see, General, that we are all pretty well agreed that we want your hands untied. We want you to go out and get the doctors you want and get rid of the doctors you do not want, without a great deal of red tape. And if that is not in the bill, I would like to see it written in the bill.

General HAWLEY. I thoroughly agree with you, Mr. Allen.

Mr. ALLEN. If we put the responsibility on you, we do not want to tie your hands.

General HAWLEY. It was not written into the bill. It does involve the whole civil-service structure, and we restricted this bill to a corps. Any amendments you gentlemen want to put into the bill which will make it easier for us to get good doctors, we should certainly welcome.

The CHAIRMAN. All of this trouble with the Veterans' Administration was stirred up by two causes: First, inefficient, incompetent, and incompatible doctors that have been shoved onto the Veterans' Administration; and a gang of propagandists that are willing to tell any kind of a falsehood in order to get stuff published in magazines and newspapers. We have gone all through this investigation, and to pass a bill now merely setting up a Medical Corps and then leave the hands of the Veterans' Administration tied, just as much as General Hines' hands were tied up to now, I am afraid will not solve the problem.

Mr. ENGLE. Mr. Chairman, one other point. I do not think this committee should condone any hocus-pocus about this. We want to fire the doctors who are not efficient, and we ought to give the general authority in the bill to do it and not go all around the bush and have to find some hocus-pocus to declare vacancies. The way to do it is head-on and not by any devious means.

Mr. KEARNEY. And if the bill does not do it, I am not going to vote for the bill.

The CHAIRMAN. I think the majority of the members of the committee agree on that.

General HAWLEY. May I answer one question as to how you can get rid of people in the regular corps? It is section 15. It provides that the Administrator sets up a board which investigates charges, and that board may recommend a reprimand, forfeitures of pay, reduction in grade, retirement, or discharge.

Mr. KEARNEY. Then you come right back to your doctors who are under civil service.

General HAWLEY. Yes, sir. This bill does not touch that. I merely wanted to point out that the bill did provide for getting rid of inefficient doctors appointed in the corps; but not otherwise.

Mr. KEARNEY. It still leaves your inefficient doctors who are under civil service, and you would have to go to quite a lot of trouble to get rid of them?

General HAWLEY. That is right.

Mr. CUNNINGHAM. Have you any suggestion as to how to amend the bill to give you the power we are talking about?

General HAWLEY. No, sir; I am not a lawyer and I am not sufficiently familiar with civil-service law to make a suggestion to the committee. May I say, I am not making any criticism of the civil service, but I do believe, so far as professional people are concerned, that civil-service laws are not quite applicable.

For example, when we want to employ doctors, we have lists sent to us from the civil service. These people are all accepted by the civil service and, of course, when we do not employ No. 1, No. 2, or No. 3 on the list, we have got to show cause.

Now, for many months, coming over as No. 1 on the list, is a physician 87 years old. No. 2 is a lady physician, 76. There are people on the list who have been committed to mental institutions for insanity and for alcoholism. Of the eighty-odd people on the list sent over to us, 61 percent are over the age of 60.

I merely make that comment to show you that it is rather difficult to employ physicians under civil service.

Mr. KEARNEY. And it shows, right there, that the civil-service law should be amended, too.

The CHAIRMAN. If you were to become ill, you certainly would not call on the civil service to pick out a doctor for you.

General HAWLEY. No, sir.

The CHAIRMAN. And if Mayo brothers were to announce today that they were going to draw all of their doctors from the civil-service roll, they might as well close their doors. The medical profession is a scientific and technical profession, and if you are going to use the civil-service strait-jacket, we are going to have the same trouble with the Veterans' Administration that we have had in the past.

General HAWLEY. I agree with you thoroughly, Mr. Chairman.

The CHAIRMAN. I want to take these restrictions off the Administrator and not have him compelled to go through a lot of red tape and camouflage, let us say, in order to get rid of an incompetent, an inefficient, an incompatible, or a disloyal physician.

Mr. CUNNINGHAM. Mr. Chairman, I think there are members of the committee who can write a paragraph to be inserted in the bill to take care of that.

Mr. CARNAHAN. I would like to ask the general if 2,500 physicians is the maximum number that could be brought in under this bill.

General HAWLEY. In my opinion, that is the maximum number that can be procured for several years, perhaps 5 years.

Mr. CARNAHAN. Why not raise the number so that you can eventually acquire all the physicians you will need under the bill, without having to take anybody from the civil service.

General HAWLEY. The reason the number was not raised in this draft is, first, that there had been bills before this committee previously which had set that figure, and we did not want completely to revolutionize what the committee had considered heretofore. Secondly, there is the point that I made a minute ago. There are many good

doctors who have some serious physical defect, who could be employed under civil service and who are splendid doctors, but who could not qualify for permanent appointment in the corps.

I would have no objection to raising the number we are going to have, but we will have to depend a great deal on the part-time services of fine physicians. I do not know how much of that service will be available. It looks like a considerable amount. If I may suggest this, I would say that it might be better to let that number stand and then have us come in and show cause why, in the future, it should be raised. It is very simple to amend this in the future. I am sure we are not going to get 2,585 top-notch doctors tomorrow or next year.

Mr. KEARNEY. My thought concerning the number would be this, that personally I would rather see the maximum number in the bill, the maximum number that you need, in order to show to the American people just exactly what we need to take care of these veterans. If that is not done now, I am afraid that some time in the future there may be another economy act and then a hue and cry will go up, and the first ones to be penalized would be the Veterans' Administration who are taking care of our veterans. So that I would rather see the maximum number in the bill now rather than to try to raise it later.

Mrs. ROGERS. General Hawley, do you believe, if a doctor were not giving a patient proper medical care, you could not dismiss that doctor, if he is under the civil service.

General HAWLEY. I know that is true under the present system.

Mrs. ROGERS. You could not discharge him?

General HAWLEY. That is right.

Mrs. ROGERS. Even if he is giving poor care, and worse, to patients?

General HAWLEY. Yes; unless it went to the extent where he were practically guilty of malpractice that could be proved. There are so many things in the practice of medicine that are difficult of proof, and yet over a long period of time you may know that a certain doctor is not competent.

Mrs. ROGERS. I suppose that would be especially true if the matter were tried before a jury; you could not get a jury to agree?

General HAWLEY. Yes.

Mrs. ROGERS. General Hawley, you have men under civil service, like Dr. Adams who was at one time an excellent head of the medical service, and you have others who are very fine administrators; and you would not want to lose them?

General HAWLEY. That is the point. Dr. Adams, I might inform you, is to be the medical director of the first district set-up.

Mrs. ROGERS. I know that he has a very fine record and he knows bureau procedure, which is all very helpful in grading veterans' claims.

General HAWLEY. He is a very splendid, high-grade man, and we do not want to lose the services of people like that.

Mrs. ROGERS. And they are protected today?

General HAWLEY. They are protected today.

The CHAIRMAN. If you would undertake that, you would probably start a smear bund in this country and probably would get as much publicity as General Patton got when they got on his trail. The thing to do is to get this bill fixed—and we are willing to do it—so that you can remove a man who you know should be removed. The

Administrator ought not to have to go through a lot of red tape; and to follow the procedure that you have just indicated to the lady from Massachusetts, if you were to take action against one or two of these doctors, you would stir up people like Maisel and Deutsch, and that crowd, who would immediately start a smear campaign against the Veterans' Administration such as they did last summer, and you would have all of this trouble to go through all over again.

What we want to do is give you and the Administrator the power to remove a doctor who is not doing his duty, who ought to be removed, who is incompatible or incompetent or unworthy, without having to go back to the Civil Service or any other body that would keep him in the service when he ought to be removed. Our duty is to the disabled servicemen. For that reason I have been trying to impress upon you the fact that what we want is to untie the hands of the Veterans' Administration so that they can clean this situation up and get the doctors that they want.

Now, you spoke a few moments ago about part-time doctors. I think that is a wonderful idea; I think it is splendid. I think in that way you can get men who are right in regular practice, in competition with all other doctors, who are specialists.

I want to ask you this question. Does this bill give you as much authority as you would like to have from that standpoint?

General HAWLEY. It does; yes, sir. That was written in, to employ full time or part time, subject however to existing law. I will say for myself, as to an amendment or an addition to the bill of the nature which you propose, I would certainly welcome it and I am quite certain I speak for the Administrator; I think he would welcome it. You gentlemen and the lady are much more competent to write that sort of thing than I am. My only suggestion is that the authority be given to the Administrator to remove the doctor on the recommendation of the Surgeon General.

The CHAIRMAN. I want to show you the dynamite that is in your proposition. This fellow Deutsch, who has one of the worst Communist records I ever read, took the stand and said that he got his information from somebody in the Veterans' Administration, and he refused to tell who it was. If you should undertake to remove a doctor that Deutsch did not want removed, or some fellow of that kind did not want removed, you might be subject to the same kind of smear that General Hines got or that the Veterans' Administration got last summer. And I think you would be powerless, under the vote of the committee, if you tried to make a man tell where he got that information. I do not want to put you and General Bradley on that kind of a spot. I want to make this proposed law so plain and so positive and so clear as to untie your hands, so you can get rid of these doctors who are mischief makers, or any mischief maker, I will say, in the Veterans' Administration, without having to go through a lot of red tape and a lot of publicity, such as we had in recent months.

Mr. ALLEN. General, may I ask you right there, would you not have an almost impossible situation if you had one group of doctors who came in under this bill that we are now considering, whom you could hire and fire as you thought best, and also have another group of doctors in the Veterans' Administration now under the civil service,

whom you could not touch? Would you not have a situation there that would just be fraught with trouble all the time?

General HAWLEY. Yes. What we hope to do, however, is to make our selection of the ones who come in under this bill so thorough that that sort of situation would only be theoretical, it would not exist. We hope to screen these people so carefully under this bill, which does offer them a career, that we will not have many people that we will have to dismiss.

Perhaps this is not a good law, but one of the most important things about a doctor in treating any patient, and that is particularly true when they are treating veterans, is what the patient thinks of the doctor. The doctor's usefulness to that patient is greatly increased if the patient thinks he is a good doctor, and it is practically destroyed if the patient does not think so.

We get people under civil service who are simply temperamentally unfit to treat patients. There is no simple way now to get rid of those people. They may be reasonably competent doctors, but the patient does not think so; and we have, as an example, patients—tuberculous patients—leaving hospitals right now because they have no confidence in the doctor.

The CHAIRMAN. Right along that line, that is the very trouble I found in all the veterans' hospitals that I visited. You had some doctors who had been thrust upon them, you might say, under the emergency, who had a complete lack of the bedside technique; they did not inspire the confidence of the patient. They were at loggerheads with the nurses; they were at loggerheads with other doctors; they were at loggerheads with the man in charge of the hospital itself. Those are the ones that I want to give you the power to get rid of.

General HAWLEY. Obviously, those people are useless, regardless of their professional qualifications, in the care of the veteran.

The CHAIRMAN. They are worse than useless.

General HAWLEY. And there is no way now, short of the man committing an offense, whereby we can get rid of him.

The CHAIRMAN. Whatever law we pass, so far as these individuals are concerned, will abrogate any other law that is in conflict with it. The last law that is passed on the subject, of course, is the law and takes precedence over legislation passed prior thereto by the same legislative authority. So that we can write into this proposed legislation, as the gentleman from Iowa, Mr. Cunningham, has said, a provision that will enable you to discharge every one of them, if you want to.

Mr. CUNNINGHAM. Mr. Chairman, may I read this suggested provision, which I wrote down hurriedly?

The Administrator is hereby authorized to discharge any doctor, whether under civil service or not, for cause at any time, the provisions of the civil-service law to the contrary notwithstanding.

The CHAIRMAN. We will take that up in executive session. That is along the same line that I am thinking.

Mr. VURSELL. Mr. Chairman, I would like to add my confirmation of the remarks of the chairman and also of the idea of the member who just spoke. I believe that this authority should be given in view of the past record of the civil service. Civil service was supposed to operate on merit and to do away with favoritism. I am a

member of the Civil Service Committee and my experience has led me to believe that the civil service has developed in many instances into a political organization and has condoned favoritism and has thrown merit out of the window. I should like to go along with you and say that while we have the opportunity to protect the interests of the veteran and the organization in charge of the veteran, we ought to do so, in writing this bill.

Mr. ALLEN. I would like to observe right there that in this amendment we would make the Surgeon General the judge of the sufficiency of the cause.

Mr. VURSELL. Why not make it the Administrator?

Mr. ALLEN. I know, but, after all, the Surgeon General makes his recommendations to the Administrator. We could make it the Administrator, but if the Surgeon General tells the Administrator that a certain man is unfit, that ought to be the end of it.

Mr. VURSELL. Why not place the responsibility on the Administrator?

Mr. ALLEN. We will, but as I said, after all, the Surgeon General tells the Administrator about the doctor.

Mr. PICKETT. General Hawley, in your opinion, does the scale of compensation provided for in this bill give sufficient inducement to personnel of the qualifications you desire to have in the corps, to join?

General HAWLEY. Yes; I think so; in the changing economic situation that we have, although I could not answer that positively, except that in times of relative inflation it has been enough to attract reasonably good people into other public services. We did not ask for any basic increase in compensation, because that opens the whole question of compensation of the uniformed services, which we thought might cause considerable discussion and opposition, perhaps, to the bill.

We feel that the 25-percent increase in pay for special qualifications before an American specialty board will be, in the present economic situation of the country, an inducement. We do not want to get into a position of going out and bidding at civil-practice rates, because the quality of men that we want are men making forty or fifty thousand dollars a year, who are in their forties now. Obviously we cannot do that. We want to give them security, what the people in the Army have always called "a life of genteel poverty," enough to live on, to educate their children, and professional opportunity. And I feel that there are many doctors in this country, if we can find them and give them a dignified service, doctors of the kind we want, that we can get just as easily as if we went further in raising their pay. If that is not true, then we must come back and lay the facts before this committee.

Mr. PICKETT. Just one more question. You asked for a corps that encompasses, in round numbers, 2,500 professional men, or women. In your opinion, under the present circumstances of anticipated load in the coming months, what would be the maximum number of doctors that you would need in the Veterans' Administration to take care of the work that they would have to do?

General HAWLEY. In the next few months?

Mr. PICKETT. Yes, sir.

General HAWLEY. If they were all to be full time, and considering the backlog of examinations to be made, which has become very great, I should say we would need 5,000 full-time doctors in the next few months. But we are already cooperating with local medical associations for part-time services in clearing up these claims examinations, and things like that.

Mr. PICKETT. In your opinion, how many doctors would it require, in view of the expected increase and then the subsequent decrease in the load, full-time, under the terms of this corps bill, and the civil service, or however else you may decide to employ them? Would 2,500 do it or would you need more?

General HAWLEY. You mean in the years to come?

Mr. PICKETT. Yes.

General HAWLEY. At the peak of our load? Two thousand five hundred would not anywhere near carry the load now, and certainly not in years to come. But that is a difficult question, as to how many we should have full time. Actually it runs into astronomical figures when you consider the out-patient service which should be extended to the veterans down in the small communities. But based entirely upon the increase in hospital beds, which is a rough but not a completely accurate index of the increase in the medical load, we would have to have 7,000 to 7,500 doctors in 10 or 15 years, full time; which I think is impossible ever to get.

Mr. PICKETT. Is it your thought, then, that the 2,500 figure which you have set in the bill is to be used as a sort of trial-and-error figure during this period?

General HAWLEY. It is.

Mr. PICKETT. To determine whether the future needs will require that it be raised?

General HAWLEY. That is correct.

The CHAIRMAN. General, I am afraid there is too much stress being laid on security for the doctors and not enough, in some quarters, on relief of the veterans. I know that certain Federal employees have been organized into labor unions. I was wondering whether doctors will be included. There might come a time when they might be parading around the hospital, saying that the veterans were unfair to organized medicine.

I am not so much interested in security for the doctors. I am interested in that, of course. But I am interested in the proper care of these veterans. That is where our interest lies.

Now, there was somebody inside the Veterans' Administration, there were some of these doctors inside the Veterans' Administration, giving aid and comfort to these fellows who were out smearing the Veterans' Administration last summer, and we were unable to make these fellows testify who they were. For that reason I am more interested in writing a law that will place the responsibility for all these doctors on the Administrator of Veterans' Affairs and giving him full power, more interested than in building up machinery of the civil-service variety.

General HAWLEY. I agree with you thoroughly. I am quite certain as long as General Bradley has anything to do with it, or as long as I have anything to do with it, there will be no unions among the doctors.

The CHAIRMAN. Fine.

General HAWLEY. Our concern is entirely and exclusively the care of the veterans. You have, however, this alternative, I think: In order to attract good men you have to do one of two things: You have to offer them reasonable security in their careers for the future or you have to say, "Well, we will pay \$40,000 a year for these people" and then hire and fire without anything interfering.

The CHAIRMAN. I do not object to the security proposition, except to this extent; I do not want to make it so ironbound that they can get in there and organize themselves and retain positions they are not qualified to fill or to hold. So I want to give the Veterans' Administrator the right to remove any of them who do not measure up in the treatment of the veteran.

Mr. CUNNINGHAM. My thought is this, that the right of the doctor should not go so far as to interfere with the treatment of the veteran.

General HAWLEY. Definitely not; because I think the procedure for getting rid of the doctors under this bill is as simple as we could devise, and is certainly much simpler than the Army system.

Mr. CUNNINGHAM. Those you take in from now on are not under civil service, but we are talking about the ones who are in now.

General HAWLEY. Under civil service, it is not satisfactory, I assure you.

Mr. BENNETT. General, we not only want to give you the power to fire physicians who are not living up to the standards you have set, but we want to help you hire all of those that will be necessary to do the job. You have indicated it is going to be difficult to get the large number necessary, and I would like to call your attention to the fact that in eight States of the Union and the District of Columbia, osteopaths and medical candidates take the same examinations before the same board and receive identical licenses. In addition, in 30 States of the Union osteopaths are licensed to practice major surgery.

Now, would it not be a good idea to change that wording "doctor of medicine" in the language throughout this bill to the word "physician," so as to enable you to employ these qualified people in cases where they could be useful?

General HAWLEY. Mr. Bennett, I realize I am open to the charge of prejudice in answering that question, but I would answer it in this way: No man could operate on me merely because he was a doctor of medicine. There is nobody going to operate on me except one with a diploma from the American Board of Surgery, and when qualified osteopaths can get diplomas from the American Board of Surgery, I am perfectly willing to let them do surgery on me.

I think there is a misconception that, when a man gets a degree of doctor of medicine, he is qualified to do everything. No man is qualified to do major medicine without a tremendous amount of training after receiving his license to practice.

Mr. BENNETT. I am glad to hear you say that; because it seems to agree with my suggestion to give you the discretionary power to hire these people when they have so qualified.

I would like to bring to your attention, in addition, that in the Seventy-fifth Congress Public Law 558 provided for osteopathic services for injured Federal employees, and it seems to be consistent that we should at least do the same for veterans.

Now, the Disabled American Veterans organization in three different national conventions has adopted resolutions recommending this very thing.

General HAWLEY. Do you not think though doctors of medicine were the best qualified to take care of the veteran, that a unified system without internal politics that would be introduced by various schools of medicine would result, in the long run, in better care than if we attempted to mix oil and water?

Mr. BENNETT. You are not mixing oil and water when they take the same examination in 8 States and receive the same license, and in 30 States they are licensed to practice major surgery. It seems to me in most cases there is a complete identity of interest.

I am not advocating that you just accept any osteopath, but osteopaths who are qualified people, and it just seems to me you should be given an opportunity to get these people when you say there are not a sufficient number of doctors of medicine to do the job.

General HAWLEY. No; I am saying—

Mr. BENNETT. That is the impression I got.

General HAWLEY. I am saying "not full time." You see, here is another thing—we have to lean so heavily upon the civil practitioners of medicine to carry this load, that if we start to inject that source of dissension, we may lose the support of an awful lot of doctors on whom we must depend to take the bulk of our load. And I should like to avoid, if possible, any medical politics in the care of the veterans—and I assure you that medical politics can be as vicious as any other kind.

Mr. BENNETT. I do not want to inject medical politics into it, either; that is why I would hate to see the Administration, by its attitude, be put in the position of discriminating against these osteopaths.

Mr. CUNNINGHAM. I am much interested in that. I happen to come from a State which, some 12 or 15 years ago, put through what is known as a basic-science law. Obviously the purpose of that was to discourage men going into osteopathy and other related sciences. However, the result has been that those who wish to come in and who are qualified under the basic-science law, when they are about through with their education, they are educated to some extent as M. D.'s and now we have them.

I think that is what the gentleman from Missouri, Mr. Bennett, referred to when he mentioned the eight States—that this question of demanding some basic training is for the good of the veterans, and whenever the veterans think they can be benefited by it, why should not they be included in the veterans' set-up, giving them that kind of opportunity; because at least by law they must take the same basic training you have to take in order to qualify as M. D.'s. There are a lot of States that have not done it. In other words, the basic-science law, in lieu of doing what they thought it would do, is working the other way, because it is bringing the other professions up to a par with the regular medical profession.

General HAWLEY. I am glad you put it that way, Mr. Cunningham. There would certainly be no objection, no matter what the man was—whether he was a chiropractor, an osteopath, or a naturopath—there would be no objection in the world, because of the name, to his treating me or any other veteran. But there is some difference in the qualifications. Now, if we can bring all of the qualifications of those peo-

ple—I am not so sure that the basic-training law, I think that is in Oklahoma——

Mr. CUNNINGHAM. We have it in Iowa, and I think in eight States. In our State now, in order for a man to qualify for an osteopath or any of these other sciences, he must take the identical training that an M. D. takes up to the point he enters the osteopathic school; then he branches off to his particular profession.

Mr. ALLEN. If he has to do all of that, why does not he take the medical examination? Then there is no question about it.

Mr. CUNNINGHAM. They do that, and they take a similar examination.

Mr. BENNETT. They take the examination before the same board and get the same license.

Mr. ALLEN. If he comes in and qualifies as a medical doctor and then comes under this bill, would this not qualify him to be an M. D. if he branches into osteopathy?

Mr. ERVIN. Is not this whole thing covered by section 21 on page 24 of the bill, where it says:

The Administrator of Veterans' Affairs, upon the recommendation of the Surgeon General, may employ physicians, dentists, pharmacists, technicians, nurses, dietitians, social workers, librarians, and such other professional, clerical, technical, and unskilled personnel in addition to the commissioned or noncommissioned personnel of the component corps, on a full time, part time, or fee basis at such rates of pay as he may prescribe subject to existing law.

General HAWLEY. I think so. And if I may, I should like to have the record show that in the European theater of operations we did use osteopaths in the rehabilitation of veterans. I have no personal prejudice against osteopathy, but I must say I do not believe it is a complete system of medicine.

Mr. CUNNINGHAM. I do not think anyone here would claim that.

Mr. BENNETT. We are not arguing that, but are arguing for what is good and best for the service; yet due to the fact I note in a number of places you simply use the language "doctor of medicine," it would circumscribe you and there may be an imposition on you to employ them; because you are not interested in titles, you say; you are interested in whether they can do the job. It may be that section covers it. What section was that?

Mr. ERVIN. Section 21 on page 24 of the bill.

The CHAIRMAN. Did I understand you to say you used osteopaths and chiropractors in the Army?

General HAWLEY. No; not chiropractors. I say we used osteopaths in the rehabilitation hospitals in the European theater of operations. That service, in one hospital, was headed up by a man who was both a doctor of osteopathy and a doctor of medicine, and the men who worked under his supervision were doctors of osteopathy.

Mrs. ROGERS. General, I would like to ask the question—it may have been asked before, If a man has passed the medical examination and has practiced some medicine, and also takes up osteopathy in his profession and also has that profession, would you be unwilling or would you be willing to employ him if he was a doctor?

General HAWLEY. By all means.

Mrs. ROGERS. Do you feel under this bill you can pay consultants more than \$20 a day?

General HAWLEY. I am informed by the Personnel Division of the Veterans' Administration and by the Legal Division there is practically no reasonable limit to what we can pay.

Mrs. ROGERS. Under this bill?

General HAWLEY. Yes; this bill does not fix any limit.

Mrs. ROGERS. You could not, then, pay consultants only \$20 a day. That includes "consultants" only.

General HAWLEY. Mr. Odom tells me that under the present law there is no limit: nor does this impose any limitation upon the fee.

Mrs. ROGERS. Do you feel enough nurses will be taken into the nursing service under this bill?

General HAWLEY. The bill provides for something over 11,000, which I think is enough to handle our load for some time to come.

Mrs. ROGERS. And enough physiotherapists and dieticians?

General HAWLEY. Yes. Those numbers were all fixed upon a study of the needs for the immediate future, I think.

Mrs. ROGERS. I asked General Bradley yesterday if he would be unwilling to have attendants as part of the corps.

General HAWLEY. They are. I am afraid General Bradley misunderstood. The attendants are taken care of in the noncommissioned personnel.

Mrs. ROGERS. I thought so, as I read the bill.

General HAWLEY. They are.

Mrs. ROGERS. I understood it was General Bradley's particular wish that they not be taken care of.

General HAWLEY. I think he misunderstood.

Mrs. ROGERS. Do you feel that the rates are high enough?

General HAWLEY. Yes. They are what the attendant gets now to start with, and offer him more in the way of promotion.

Mrs. ROGERS. I think one of the reasons for the fact there are so many incompetents and misfits is that you could not get the proper type of attendants.

General HAWLEY. That is right.

Mrs. ROGERS. I am so glad we have this bill before us and am glad to know they are going to get something; because I have felt the medical profession has had no consideration for a long time back, but have been pushed around and not considered. You have an enormous amount not only of acquaintance but friendship and I think you already have secured the interest and cooperation of a great many of the finest surgeons and doctors in the country. You certainly had them with you overseas.

General HAWLEY. The most encouraging thing and stimulating thing is the clamor on the part of the best people in medicine in this country to be of assistance. They are not just willingly volunteering, but they are writing and telephoning.

Mrs. ROGERS. That is due to your leadership, I think.

General HAWLEY. No; it is meeting the need of the veteran as a public duty—they feel they should meet the need of the veteran.

The CHAIRMAN. The veterans are not only their neighbors and friends, but in many instances their relatives, and children, and brothers.

General HAWLEY. That is right.

The CHAIRMAN. And the doctors of the country have the same interest in them that the rest of us have.

General HAWLEY. Definitely so.

The CHAIRMAN. General, if there are no further questions, I am going to adjourn the committee to be called back in executive session.

Mr. ERVIN. Mr. Chairman, there is one question I have, not in regard to this bill. You were talking awhile ago about being unfair to the medical universities scattered around the country, but your GI bill is a university bill.

The CHAIRMAN. We will take that up when we reach another part of the bill.

General HAWLEY. There is just one thing I wish to mention. The Administrator said there was some question about the provision of residencies in this bill. I should like very much to clear that up, if I may—that is, the question of residencies. These residents are men who have completed their internships and their professional qualifications are as high and in many cases higher than those of the men we employ under civil service as junior physicians, because they are fully qualified doctors of medicine who have completed their internships and could qualify as junior physicians in the Veterans' Administration.

The CHAIRMAN. And they would be individually selected?

General HAWLEY. They would be individually selected. Now, why don't we employ them as junior physicians and not bother about residents? For two reasons: First, the residency training embraces, in most specialties, some training outside of the hospitals in connection with the school, and we felt we would be on very dangerous ground if we employed a man and then allowed him to spend a fourth of his time, for example, in work not productive for the Veterans' Administration, but purely in his own good; secondly, if we put the scale up to what we pay junior physicians, we would upset the entire residency program in the United States, where the average scale of pay is about \$1,200 for the first year, \$1,500 for the second year, and \$1,800 for the third year. But, by paying those salaries, the Government would not lose even if some of the time of the residents was spent outside the hospitals; it would gain tremendously as against the pay he would draw as a junior physician, and we would not be in competition with the schools and universities of the country in their own resident training activities.

Mr. KEARNEY. Where are you going to get men who would work for \$1,200 a year?

General HAWLEY. We will be bombarded for specialist training.

Mr. KEARNEY. What kind of men will they be?

General HAWLEY. The type of men who won't think of going out into practice without devoting three more years to becoming qualified and licensed by an American board. Definitely there are not enough residencies in the United States paying that, and many of them paying lower than that, to take care of the applicants there are now.

Mr. CARNAHAN. And if the Veterans' Administration handles such a big bulk of the medical services, is not there a little obligation there?

General HAWLEY. Definitely.

Mr. CARNAHAN. A little obligation to assist in the training of these people that even the Veterans' Administration is going to want?

General HAWLEY. Exactly. We are not going to retain 100 percent of those people in the Veterans' service that are residents. Maybe we

will get only 5 percent; I hope to get 10 percent to come and want to stay in a corps of the finest people in the world and who will be interested in the professional opportunities. Out of this residency training we will not only get 3 years' service that they will spend with us, which will be of tremendous help, but I think a certain proportion of those people will select a career in the Veterans' Administration.

The CHAIRMAN. None of them are undergraduates?

General HAWLEY. No, sir; and all will have completed their internship. They will have the same qualifications that the Civil Service would accept as junior physicians in the Government service—at least that much.

Mrs. ROGERS. But are not your men going to other hospitals and clinics for special study? You are going to provide for that, are you not?

General HAWLEY. We provide for that in the bill, but we are 12 percent short of doctors in the tuberculosis service as one example, and it is pretty hard to let any of them go to study at this moment.

Mrs. ROGERS. That is what I thought, but a number of doctors have definitely asked me about going to other hospitals and clinics for special study.

General HAWLEY. And while we are so short, we are trying hard to set up a program where we are bringing the training to the doctors in the hospitals by experts who will come in part time and train the doctors in the hospitals until we can let them go and take those courses again.

Mrs. ROGERS. I understand in the Army they are short in certain types of physicians services; is that true?

General HAWLEY. They are, definitely.

The CHAIRMAN. Thank you very much, General.

(The committee thereupon adjourned subject to the call of the Chair.)

VETERANS' ADMINISTRATION MEDICAL CORPS BILL

FRIDAY, OCTOBER 12, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

THE CHAIRMAN. The committee will come to order. Members will take their places. We will start on time because we want to finish this this morning if humanly possible.

I received a letter from the American Legion this morning which I will read to the committee so it may go into the record [reading]:

WASHINGTON, D. C., *October 11, 1945.*

HON. JOHN E. RANKIN,
*Chairman, Committee on World War Veterans' Legislation,
House of Representatives, Washington, D. C.*

DEAR CONGRESSMAN RANKIN: Your committee now has before it, and hearings are being held on, H. R. 4225, a bill to establish a Department of Medicine and Surgery within the Veterans' Administration. For many years now the American Legion has been appearing before your committee advocating the best possible medical care for our disabled servicemen. The country expects nothing less than this.

Up until this time, however, the American Legion has not had the opportunity to consider this proposed legislation before a national convention or national executive committee meeting. It is our intention to submit it to the national convention which convenes in Chicago on November 18 and continues until the 21st, so that at the present time we are unable to express a legislative opinion on this very vital subject.

However, it has been called to my attention that amendments may be offered which are contrary to our expressed position on the question of veterans' preference, and for your information I call to your attention the resolution and report upon this subject adopted at the meeting of our national executive committee on July 26-28, an excerpt of which reads as follows:

"Your national preference committee has worked diligently for many years to secure enactment of Public, 359. The prospects for securing corrective amendments are good. Your committee, however, is aware of the fact that many Government agencies are seeking to circumvent the provisions of the Preference Act by excluding all good appointments from the classified service. It is the opinion of your committee that only in the classified service where graded registers are used will we be in a position to police such registers and determine at all times whether or not veterans have been granted the preference intended by Congress. Your committee notes that the national legislative committee in its bulletin of May 11 apparently was supporting H. R. 3118, which permitted the Veterans' Administration to make appointments without reference to the classified civil service. Your committee feels that this is dangerous practice and urges the national executive committee to instruct the national legislative committee to resist all attempts to exclude positions from the classified civil service in the future."

Sincerely,

JOHN THOMAS TAYLOR,
Director, National Legislative Committee.

I submit this for the record.

Mr. BENNETT. I understand what is proposed is to take this Medical Corps out of civil service?

Mr. ALLEN. That is what I am not quite clear on.

The CHAIRMAN. He was not expressing his own opinion but the opinion, as he says, of the national executive committee.

We agreed to hold this hearing today in order to give the service organizations an opportunity to be heard.

Mr. Taylor called me up and said he had no instruction on it and therefore would not be here. I see Mr. Ketchum of the Veterans of Foreign Wars.

Mr. Ketchum, do you desire to be heard?

Mr. KETCHUM. No; I do not desire particularly to be heard.

The CHAIRMAN. All right. We are trying to finish here. We expect to go into executive session next week and iron out the proposition.

STATEMENT OF OMAR KETCHUM, VETERANS OF FOREIGN WARS

Mr. KETCHUM. Well, Mr. Chairman and members of the World War Veterans' Committee, it is not often I approach this committee with as much uncertainty and lack of understanding as I do here this morning.

Frankly, our organization, the Veterans of Foreign Wars, was just beginning its forty-sixth convention at the time this bill was introduced and, unfortunately, it was not called to the attention of our national convention and consequently no definite action was taken by the delegates of the convention.

The best I can do here this morning is to speak as legislative representative of the organization without any definite mandate or authority from the organization as to whether we shall be for the bill or whether we shall oppose it.

The CHAIRMAN. Mr. Ketchum, I think I ought to call attention to the fact that there was a bill introduced by me on May 25, H. R. 3310, to establish a Department or Bureau of Medicine and Surgery in the Veterans' Administration. That in a large measure follows the line of the present bill.

Now, these measures were both recommended to me by the Veterans' Administration. Of course we have changed Administrators in the meantime and General Hines—his administration recommended H. R. 3310—and General Bradley who is now the Administrator has recommended H. R. 4225.

The question has been before the committee for several months and it is not a proposition sprung by the committee on the spur of the moment. It was not sprung by the committee at all. It is a question that has been worrying the Veterans' Administration for a long time.

Mr. KETCHUM. Well, I can appreciate that, Mr. Chairman, and that is why we have so much uncertainty on this.

The CHAIRMAN. The gentleman from Louisiana just suggests that it should be made clear that it was not our proposal but was the proposal of the Veterans' Administration.

Mr. KETCHUM. I want to explain, Mr. Chairman, I recognize that you in May introduced a bill somewhat similar to this and no action

was taken and the matter was deferred. In the meantime they changed Administrators of the Veterans' Administration and we understood, and I could not prove this of course in a court, that the new Administrator after looking over the old bill had said that we want this reduced to two pages and there are going to be a lot of changes made in this.

And we were then waiting to see what the new Administrator wanted and whether he was going along with that bill or whether he was going to trim it way down.

Now, the first we heard was when this new bill was introduced after we had gone into convention, and we find upon return that it is as lengthy as the original bill which was introduced and perhaps just as complicated or involved as the other bill.

I have been discussing this bill with our medical consultant and with members of the staff the past 24 or 36 hours in a sincere effort to determine whether this bill will actually increase efficiency in the treatment and care of veterans in veterans' hospitals. That is the criterion in my opinion, not whether it is going to set up an elaborate system of semimilitary titles and retirements and allowances and so on and so forth, but is it going to accomplish and do a better job for the veterans in the hospitals.

Now, we have a lot of faith in the judgment of our medical consultant who has been a practicing physician for many many years and formerly was with the Veterans' Administration, and it is his opinion with the exception of a few minor changes in the bill that it might be a good bill. At least he thinks it will offer encouragement to doctors where they have not had encouragement before to affiliate themselves with the Veterans' Administration and remain with the Veterans' Administration.

Frankly, there are a lot of things in this bill that personally I do not understand. I do not pretend to be too smart and it is just a little bit involved and too deep for me.

We are going to say this: We have no particular objection to the bill. If General Bradley and this committee feel that by creating a Department of Medicine and Surgery along semimilitary lines or military lines it will do a better job, will attract better doctors, and will enable them to get rid of incompetent and inefficient doctors, well, perhaps the action should be taken.

I think General Bradley should be allowed as much latitude as possible to try and do a good job as Administrator of Veterans' Affairs. I think he is a very capable Administrator and I think he is sincere in wanting to do a big job. And naturally there are going to be some things that he is going to ask from the Congress and possibly this is one of the things that he feels is necessary to do a good job of taking care of our sick and disabled in the veterans' hospitals.

The only thing we are concerned about, the primary thing I should say that we are concerned about, is what becomes of veterans' preference. I find no provision in this new proposal here to establish veterans' preference. I note that in one of the sections it says that they may appoint in the original appointment from employees who are presently in the Veterans' Administration or those who have served in World War II, which in a sense is a very limited reference to veterans' preference. It makes reference to civilian employees but I can-

not find—after it makes the one reference to civilian employees I am unable to determine what provision is made to employ the civilian. Will they be employed through Civil Service or are they to be employed outside of the civil-service regulations.

I am unable to find anything very definite or clear on that.

Mr. ALLEN. Well, Mr. Ketchum, may I interrupt there to say this: I do not think the committee wants to abolish veterans' preference at all. I know that I do not. The only thing I want, and I think that is what you want, is to get more efficiency. Now, members have been around to visit these hospitals and they found a lot of doctors, perhaps most of them good or perhaps some of them not as good as we would like. But you probably saw in the paper day before yesterday, I believe it was, General Hawley was before our committee and he testified he had been presented with a list and there was a man 87 years old on the list and another 76 years old and another who had been an inmate in some mental institution or something like that.

Now you do not want that and we do not want that, and what we want to do is untie—so far as I am concerned what I want to do is untie the hands of General Bradley so that he can go out and get the best doctors for these fellows.

It has been charged that they were being treated with third-rate doctors. Of course we know that charge was not true. Third-rate medicine. But we want to go out and get the best doctors, we want their hands untied so that they can get them.

Personally I do not feel that a doctor ought to be tied down to the hard and fast rules of civil service. I am just wondering if we are going to get the best medical talent that way.

Now, so far as the other employees, civilian employees and so forth, I have no objections to them coming under the regulations. I want them to have—I want the veterans to have preference in that themselves, so far as I am concerned. I am strong for veterans' preference. But if you have any suggestions to tighten this down, this bill, so that veterans will have preference, I would be glad to have those suggestions.

The CHAIRMAN. Suppose we let Mr. Ketchum make his statement first and then we will cross-examine him. How about that?

Mr. ALLEN. All right.

Mr. KETCHUM. Well, it seems to me, Mr. Chairman, that if the purpose of this bill is to give the Veterans' Administration wide latitude outside of civil-service regulations, to select the most qualified and capable doctors to treat our veterans in the hospitals, why could they not at the same time incorporate in the bill some safeguard or clause that insofar as possible that veterans' preference be maintained in the employment in this Bureau of Medicine and Surgery? If they want to get out from under civil service, I am not arguing with them. I believe that civil service does not always furnish the best type of personnel—but if they want to get out from under it I think they should incorporate a safeguard clause where we would not lose the veterans' preference that Congress and the Nation has been willing to accord veterans for a long time.

Mr. ALLEN. Do you believe, Mr. Ketchum, speaking as an individual, do you believe that we could get the best doctor material when we have to get our doctors from the civil-service register?

Mr. KETCHUM. That is a tough question.

The CHAIRMAN. Mr. Ketchum, are you familiar with the attempts that are now being made to destroy our counter-intelligence system, in both the War Department and Civil Service?

Mr. KETCHUM. Well, I have heard some stories about it, Mr. Chairman. I have not had what I call facts.

The CHAIRMAN. I understand.

Mr. KETCHUM. I have heard a lot of stories about it. We have been urged to take some action about it. We have taken some action, we did adopt a pretty strong resolution on the subject.

The CHAIRMAN. Well, what I started to tell you is that those reports are correct.

Now, if the civil service is going to be made a racket, why, it is about time Congress waked up and the veterans' organizations waked up to see to it that it is not used to cram these veterans' hospitals with inefficient doctors or employees.

I think that is about as plain as I can make it.

Mr. KETCHUM. Well, as I say, we are not quarreling with the idea of the right of the Veterans' Administration to go out and get the best talent except we naturally dislike to see the veterans' preference lost in the shuffle.

The CHAIRMAN. I understand.

Mr. KETCHUM. That is one thing we are urging the committee to seriously consider.

The CHAIRMAN. I am neither defending nor criticizing the bill, I am merely trying to get information. It is our duty to look after the disabled veteran.

Mr. KETCHUM. That is right.

The CHAIRMAN. It is our duty to take care of the veterans who go to these hospitals. And that is far more important to me than any preference so far as employing doctors is concerned.

Mr. KETCHUM. That is right.

The CHAIRMAN. And I do not want—what I am trying to do is untie the hands of the Veterans' Administrator so that he can go out and get the doctors that are needed to take care of the disabled men in our hospitals and to get rid of some who are there now.

Mr. KETCHUM. Well, there is also the question—

The CHAIRMAN. By the way, the highest preference involved here is the preference of the veteran in the hospital to have a good doctor, a responsible doctor, a worthy doctor, while he is in the hospital. That is the highest preference, and I do not hesitate to say that the civil service has been made a racket in some respects. As far as I am concerned they are not going to make the disabled veterans the victims of that racket if I can help it.

Mr. KETCHUM. Then, too, Mr. Chairman, in accordance with resolutions which we have adopted at our national convention and which we feel sure are essential to get qualified personnel in the Veterans' Administration, there is some doubt as to whether this bill really accomplishes that.

For example, our resolution urged that technicians, laboratory technicians, physical-therapy technicians, X-ray technicians, and recreational aides, be given a professional status, something in the past they have not had.

Now, I do not know that this bill gives them that.

Of course we were assuming that the set-up was going to be under civil-service classifications as the personnel had in the past, and we were strongly in favor of moving all these technicians up to a professional standard instead of the CAF grades or subprofessional grades that they had been occupying in the past.

Then in examining the grades of the doctors we also find that they fall somewhat below the standard that we were asking for. In other words, our resolution asked that all Veterans' Administration physicians and examiners be put on a minimum basis of grade P and S-5.

Now, P and S-5 I believe is some place around \$4,600 to \$4,900.

In other words, the lowest paid doctor who is determined to be qualified to treat patients in hospitals shall not be rated below P and S-5.

Now, I notice under this corps set-up they have them down as low as a second lieutenant in pay and allowances.

Of course, in figuring the maximum pay and allowances for the doctor it will bring him up to \$4,000 a year but it still fails to meet the requirements that we think are essential to get the best type of doctors in the veterans' hospitals. I was just looking over those classifications. For example, on page 11, section 11 (a), the grades of commissioned officers in the Department of Medicine and Surgery are established and shall correspond to grades of officers in the Army: (1) Officers of the director grade, colonel; (2) officers of chief grade, lieutenant colonel; (3) officers of the senior grade, major; (4) officers of the full grade, captain; (5) officers of the associate grade, first lieutenant; and (6) officers of the assistant grade, second lieutenant.

Mr. ALLEN. May I ask right there, would it solve your problem if you suggest—and I want to say this parenthetically, that I am in accord with what the gentleman says about starting these doctors with basic salaries—I think we have to pay them more than we are now if we expect to get the best grades of doctors. How about knocking out the last two grades entirely?

Mr. KETCHUM. For example, let us see what the qualifications are to be in the Medical Corps, for example. In the Medical Corps—

Mr. DOMENGEAUX. Where are you reading from?

Mr. KETCHUM. I am reading now from page 7, section 9, subparagraph (b) in the Medical Corps.

Now, these are the qualifications to be a commissioned officer in the Medical Corps:

Hold the degree of doctor of medicine from a college or university approved by the Administrator of Veterans' Affairs, have completed an internship satisfactory to the Administrator of Veterans' Affairs, and be licensed to practice medicine in one of the States or Territories of the United States or in the District of Columbia.

Mr. ALLEN. I still do not catch where you are reading.

Mr. KETCHUM. I am on top of page 8 now.

Mr. ALLEN. All right.

Mr. KETCHUM. I just read that paragraph from the bottom of page 7 running through the top of page 8. What I was doing was reading the qualifications necessary for a doctor to be in this Medical Corps which is proposed to be set up.

Mr. ALLEN. Are you reading from H. R. 4225?

Mr. KETCHUM. Yes. Section 9, beginning on page 7, subparagraph (b).

Mr. ALLEN. Go ahead.

Mr. KETCHUM. What I was doing was pointing out what was necessary for a doctor to be appointed in this Medical Corps.

Then we move over to the grades and we find them running down as low as a second lieutenant.

Now, the base pay of a second lieutenant is from \$1,800 to \$2,000. Of course, I realize they are going to give allowances if a man happens to be married, quarters and subsistence the same as in the Army, but I am just wondering if you are going to get top-notch doctors on a base pay of \$1,800 or \$2,000.

Mr. ALLEN. All right. Will it meet your objection if we just cut out the last two grades entirely?

Mr. ENGLE. Where is that?

Mr. KETCHUM. Page 11, section 11.

The CHAIRMAN. Mr. Ketchum, did we have any trouble getting doctors prior to this war?

Mr. KETCHUM. I do not know, Mr. Chairman. We probably did not have any trouble getting people who purported to be doctors. Apparently that is what they are complaining of now, that they have doctors that are not qualified and they have no way of getting rid of them unless they can prove certain charges.

The CHAIRMAN. That is what I am interested in, not only to make it possible for them to get rid of them but to let them understand that the responsibility rests on the Veterans' Administration.

Mr. SCRIVNER. Mr. Chairman, as you go down through this bill there are provisions there which I think make that possible, but it is easily understood in view of the fact that General Bradley has been in military service for many years, that that being the set-up with which he is most familiar, that that would be the set-up which he would pattern here. But going back on my own experience, I feel this: This is a veterans' hospital, these men are no longer in the Army. Most of them have had their fill of military service and uniforms, and this to me as I read the bill, just to get the reaction, I do not know whether Mr. Ketchum agrees, is just too much military.

Now, these should be civilian doctors, they should be referred to by the patients as doctors. There should not be a major or lieutenant or colonel or even a sergeant in the whole picture.

Now, they can set up the framework, but all this reference to rank and commission and noncommission and all that to me if I were going back in the veterans' hospital would make me just a lot sicker than when I started.

Mr. ALLEN. Let us see if that is what Mr. Ketchum has in mind.

Mr. KETCHUM. Well, frankly, Congressman Scrivner, that is one of the things I have been disturbed about, just how far along military lines this is going to be. If we thought this was going to be a military set-up with a lot of saluting and a lot of brass we would say we did not want it under any circumstances. No man who goes into a veterans' hospital wants to run into similar conditions as he ran into in the armed forces. We do not want that.

Now, as this has been explained to me by some who know or think they know, they are merely setting this up to correspond with those grades, they do not propose to be in uniform.

Mr. SCRIVNER. Yes; they do. It says in here——

Mr. KETCHUM. That is in time of war.

Mr. DOMENGEAUX. General Bradley stated they definitely would not be in uniform and they would not be given military terms or designations.

Mr. ALLEN. That is in the record.

Mr. CUNNINGHAM. I think that was universal in our reports that the uniforms be taken off the doctors.

The CHAIRMAN. That is right.

Mr. KETCHUM. If we thought this was going to be a set-up where the regular military policy was set up we would be opposed to it. But if it is a set-up to give doctors some encouragement by promotion, retirement, and so forth, that is all right. If it is just something paralleling the military set-up for the purpose of grade, then our objection of course is very minor. But I will say to the gentleman from Kansas up here that we were apprehensive about that and that is the one thing I have been worrying about, how far are they going along military lines. I have talked to veterans and I have never found one who would be in favor of that.

Mr. SCRIVNER. May I ask Mr. Ketchum one more question, Mr. Chairman?

The CHAIRMAN. Yes, sir.

Mr. SCRIVNER. Mr. Ketchum, coming back again to your reference to grade of second lieutenant.

Mr. KETCHUM. Yes.

Mr. SCRIVNER. I have forgotten some of the pages but I notice over on page 15 when they get down to noncommissioned personnel they have warrant grade, \$2,900 to \$3,500.

Mr. KETCHUM. That is right.

Mr. SCRIVNER. Is that not considerably more than your second lieutenant or first lieutenant would get?

Mr. KETCHUM. Well, I notice when they get to noncommissioned personnel instead of establishing Army standards of pay then they establish new standards of pay. Why could they not do the same thing then in commissioned officers?

Mr. SCRIVNER. That is just the question I was going to ask you. Now, would it not make it simpler to go all the way? We are not all familiar with military terms and so forth, the average taxpayer. Why would it not be just as well to say they shall start out at so much and be increased to so much? Then we know just exactly——

Mr. KETCHUM. I would favor that, Mr. Scrivner, as far as our organization is concerned. As I say, the only definite position that we have taken is to make certain that only those doctors who are really qualified shall be in there. We have asked that no physician who actually practices on these veterans or is an examiner of these veterans shall be employed under less than a grade of P and S-5, that is, professional and scientific.

Now, that is considerably more than the pay of a second or first lieutenant.

Mr. ALLEN. Could we not write something like that in this bill to meet your objection?

Mr. KETCHUM. I think Mr. Scrivner's objection is very good, that over there where the commissioned officers, grades of commissioned officers are specified, that instead of just referring to them as the military grade that you actually set up a salary schedule.

Mr. CUNNINGHAM. Eliminate all ranks.

Mr. KETCHUM. That is right.

Mr. SCRIVNER. Eliminate all reference to it, because if you have in here that this man corresponds to a colonel it is not going to be long until they say colonel this and colonel that, and you are back in the same old groove.

Mr. CUNNINGHAM. Mr. Ketchum, will you respond to another question?

Mr. KETCHUM. Yes, sir.

Mr. CUNNINGHAM. I was interested in your remark that you do not want incompetent doctors treating the veterans. None of us does. Now, supposing the Civil Service having blanketed them in makes it impossible to get rid of incompetent doctors, what is your attitude in reference to a change in the civil-service set-up so that the Administrator and those in charge of the hospitals can get rid of incompetent doctors?

Mr. KETCHUM. I believe I expressed myself on that, Mr. Cunningham, perhaps before you came in.

Mr. CUNNINGHAM. Would you mind repeating it?

Mr. KETCHUM. I would have no objection to removing these professional and scientific services in veterans' hospitals from under civil service in order to get the best talent and make sure they can get rid of inefficient doctors who have already been blanketed in by civil-service regulations.

Mr. CUNNINGHAM. Well, I have a letter before me from John Thomas Taylor of the American Legion. I want to read the last sentence.

Mr. ALLEN. The chairman read that in the record just before you came in.

Mr. CUNNINGHAM. Where they resist any change?

Mr. ALLEN. He read the whole letter in the record.

Mr. KETCHUM. I wonder if you would mind if he would read that paragraph because I did not get that.

Mr. CUNNINGHAM (reading):

Your committee feels that this is dangerous practice and urges the national executive committee to instruct the national legislative committee to resist all attempts to exclude positions from the classified civil service in the future.

Now, it seems to me that is contrary to what I judged the sense of this committee to be day before yesterday when General Hawley was here.

Mr. KETCHUM. I do not think that is the position of our organization, that we resist all efforts to take positions out from under that. The only thing I brought up, we wanted it the policy to retain the veterans' preference.

Mr. CUNNINGHAM. It should be possible to remove these doctors without so much red tape if they are incompetent.

Mr. KETCHUM. That is right. I again want to repeat what I said in the beginning, the criterion is whether we will be able to give more efficient care to the veterans in the hospitals.

Mr. CUNNINGHAM. That is right.

Mr. KETCHUM. If it can be done by removing these professional services from civil service in order that they can get rid of incompetent doctors I say O. K., I think it should be done.

Mr. BENNETT. Now, Mr. Ketchum, you raised objection to the low-base pay of medical men who are second lieutenant and first lieutenant classification, being afraid that that would not induce the better class of medical personnel. Certainly on a remunerative basis of dollars and cents that would be true, but you have in mind that there are other inducements in this bill to get medical men into the Medical Corps of the Veterans' Administration?

For instance, section 20 on the bottom of page 23 and the following subsections providing that they may take special training courses at intervals under the authorization and direction of the Administrator and that the Administrator in keeping with the appropriation may pay the expenses of those men so designated.

That furnishes some incentive, does it not?

Mr. KETCHUM. I agree with you, they have set up some other incentives there for doctors to come in.

Mr. BENNETT. Do you think that might in part offset the objection to the low starting pay?

Mr. KETCHUM. Oh, yes; in a measure. Then they have in there provision that a man may qualify for a special rating with 25 percent increase in pay. Of course, we have something to say on that. I would like to discuss that briefly. I have made a notation.

Mr. BENNETT. Now, that is what page?

Mr. KETCHUM. Well, to make certain on this point, start on page 15, the bottom of the page, line 25, subparagraph (2). It says:

No officer may be rated as medical, surgical, or auxiliary specialist unless he is certified as a specialist by an American speciality board, recognized by the Administrator of Veterans' Affairs.

Now comes the stinger:

or has been examined and found qualified by a board appointed by the Surgeon General from specialists of the Department of Medicine and Surgery holding ratings in the specialty to which the candidate aspires.

We believe the purpose would be better served if the second alternative was eliminated from the bill, that is, to make them all qualify by an American specialty board.

Mr. ALLEN. In other words, that makes it possible for them to say "You approve my qualifications and I will approve yours."

Mr. KETCHUM. That is right. Furthermore, if they should leave the Veterans' Administration they have no assurance that that special rating will be recognized outside of the Veterans' Administration. So let us make them all earn their specialty rating under the American specialty board which is good any place.

The CHAIRMAN. Now, Mr. Ketchum, I want to get back to another proposition. I called your attention a moment ago to the fact that the same influences that I have been protesting against, commissioning Communists in the United States Army, is destroying our counter-intelligence system in the War Department, which is one of the most valuable agencies of this Government so far as the protection of the American people is concerned.

Now, I find that the Securities and Loyalty Division in the Civil Service is being destroyed. I understand it is being cut down to a staff that is virtually nil. And its investigating staff throughout the entire country that checks on the loyalty and security, supposed to

check on the loyalty and security, is virtually being abolished or reduced to such small numbers that they will be impotent.

Now, with those conditions prevailing, those dangerous conditions prevailing, those dangerous innovations that have taken place under cover, that the average Congressman is not cognizant of and that the American people would resent if they knew it, then I am not willing, especially in the light of what they have unloaded on the Veterans' Administration, I am not willing to put these disabled servicemen at the mercy of the present Civil Service Commission to unload these doctors, many of whom are incompetent and a large number of whom are entirely incompatible.

So for that reason I am willing to go as far as it is necessary to unloose the hands of the Administrator in securing the best doctors that can be had for our veterans' hospitals, but I agree with you thoroughly that it ought not to be made a military strait-jacket and there are some things we are going to have to battle. And for that reason I invited you representatives of the veterans' organizations to come here and just take your hair down and discuss this proposition freely with the members of the committee.

Mr. KETCHUM. Well, I think you might be interested in knowing, Mr. Chairman, as well as the other members of the committee, that our convention which has just recently been held adopted a very strong resolution calling upon the President to appoint as a member of the United States Civil Service Commission an outstanding and qualified veteran and preferably of combat, in order that veterans' preference under civil-service law may be sympathetically administered.

The CHAIRMAN. Now, I will say another thing. It has come to me, I have not had time to run it down, that there is a school some place along the Atlantic seaboard, a training center or a clearing center where they have been getting the questions that have been submitted to other doctors who took the civil-service examination, and training them to stand the civil-service examination, not training them to practice medicine, you understand, or advancing their knowledge of the science of medicine, but training them to get on the civil-service roll.

That is probably responsible for the condition that we now find in the veterans' hospitals from that standpoint.

Those are the things that are worrying me about the passage of a law that will at least make it impossible for those conditions to exist further or be repeated.

Mr. KETCHUM. Well, I would like to repeat, Mr. Chairman, what I said earlier, we are not so apprehensive about taking this out from under the Civil Service Commission as we were that they might lose what veterans' preference we had been able to obtain by reason of the civil-service rules and regulations.

Mr. CUNNINGHAM. Mr. Ketchum, as I got the sense of the committee day before yesterday there was no thought on the part of anyone to take away their benefits, just to give the Administrator the right to get rid of incompetent doctors and not allow them to stay in there.

Mr. KETCHUM. We certainly would not have any objection to that, Mr. Cunningham.

Mr. ENGLE. Are any of the people provided for in this bill under civil service?

Mr. CUNNINGHAM. Not the new ones but there are 2,500 already in there.

The CHAIRMAN. You have the same interest we have, you want the veterans taken care of, but these men who have been assigned to these veterans' hospitals are in uniform and they have claimed to be veterans and claimed veterans' preference, and some of them I want to get rid of, and you do too. Now, if you are going to establish an iron-clad rule of veterans' preference, I am just wondering how it can be worked out. I am not saying it cannot be worked out, I am wondering how it can be worked out.

Mr. KETCHUM. Well, we were disturbed for fear the bill might be going too far along military lines; we recognize that some latitude must be given the Administrator in order to do a good job over there. I have talked this over with the best informed people on my staff and the final conclusions were that we could generally go along with the provisions of this bill with exception of some of the things I have questioned in here, such as the lowest pay for the doctors, the question as to whether technicians are being taken care of in this bill as adequately as we think they should be taken care of in order to get the best type of service in those employees.

The CHAIRMAN. May I make one suggestion, Mr. Ketchum, that you take this bill, H. R. 4225, and the bill H. R. 3310 and go over them with your staff and submit whatever amendments you have to suggest.

It will be at least next Tuesday before we get this in executive session and I would like for you to go over it carefully and submit whatever amendments you have to suggest to the bill. I assure you it will be given every consideration by the members of this committee because I think every member on the committee is trying to arrive at the best conclusion of what is to the best interest to the disabled veterans.

Mr. ALLEN. Mr. Chairman, may I make a further suggestion that you can even try to have those suggested amendments before the committee meets and let the individual members have them so we can have a chance to study them.

Mr. KETCHUM. What is the dead line on that?

The CHAIRMAN. It is my intention if it meets with the approval of the committee to call the committee in session next Tuesday morning.

Mr. KETCHUM. For an executive session or another open hearing?

The CHAIRMAN. For an executive session.

Mr. KETCHUM. Take final action?

Mr. ALLEN. Mr. Chairman, I do not know whether we are going to be ready to take care of this bill at that time.

The CHAIRMAN. We can discuss that later.

Mr. KETCHUM. I would like to introduce to the committee the legal counsel of our office, Mr. James Cannon.

Mr. HUBER. Pardon me, before that may I ask a brief question? In the discussion of the qualifications of these doctors I have received a great many wires from osteopaths. Do you have any opinion as to whether they should be admitted to practice in the Veterans' Administration?

Mr. KETCHUM. We have not given that any consideration, Mr. Huber. Anything I would say would be just off the cuff.

STATEMENT OF JAMES CANNON, LEGAL COUNSEL, VETERANS OF FOREIGN WARS

Mr. CANNON. Mr. Ketchum did not emphasize the fact respecting the military term that seems to be incorporated in the bill applying to these doctors.

There is a feeling throughout the organization, and I think I can safely say among a lot of the GIs that their treatment and convalescence would be in a measure retarded if they got into the hospitals and this scheme of military orders and rank prevailed amongst these officers, and I sort of sense from the committee that they have the same idea themselves, that that feature of it should be eliminated and I think, as Congressman Scrivner has well pointed out, that there should be instead of a military classification a classification that is on a professional scale, both of the doctors and the nurses and the technicians, and that they should be alluded to in the bill on that basis instead of by military reference.

I believe if that was done, also the scale, the basic wage or salary which would be given to each of them, could also be injected in the bill, at possibly the point where the classification was, that would be all right.

Mr. ENGLE. Mr. Cannon, if you are going to do that you would pretty near have to rewrite this bill.

Mr. CANNON. It looks pretty much as if you might have to do that.

Mr. ENGLE. In other words, this military reference is in practically every paragraph in this bill.

Mr. CANNON. Yes. It made it easy for the Administration to write it this way but I think it is going to meet objections from the very men who must be treated in these hospitals.

Mr. KETCHUM. In other words, it looks as if they had followed the line of least resistance by simulating a military set-up and following the line of promotions and retirements and so forth on a military angle. I quite agree with you, Mr. Engle, if we eliminate the military details then you are going to have to write new scales on retirements and promotions following through if you discard the military angle. Of course that is a question the committee has to deal with.

Mr. PICKETT. Another question. I think we have agreed that those in charge of the program do not intend to keep the personnel in uniform and do not expect to have them entitled colonel or major as the case might be.

Now, what is the difference in the situation or what is the necessity for changing the whole set of titles in this bill when they actually are not going to be applied in a military manner?

Mr. KETCHUM. As I say, Mr. Pickett, if we were definitely assured that that change would not take place at some future date after they had obtained the approval of the act it would be all right. As I say—we are not opposing some form or system whereby they can encourage these doctors to come into the Veterans' Administration and have some incentive that they have never had before, and if by using a comparative military title and military promotion and retirement angle, if that is the way it can best be done, and yet at the same time do not

apply it in actual practice, why then of course there could not be any sound objection to the plan.

Mr. PICKETT. Well, take for instance Surgeon General. We have a Surgeon General of the United States Medical Corps.

Mr. KETCHUM. You have one of the Navy.

Mr. PICKETT. Would there be any objection to eliminating that title?

Mr. KETCHUM. I would see no objection.

Mr. SCRIVNER. The further you get away from your military titles the better this is going to work, because just as sure as you get top-heavy up there, somebody is going to say I am not just a chief grade, I am a colonel.

The further away we can get from it I know the happier these men are going to be, because I know too well when I walked into a veterans' hospital and here was—well, I will be a little more courteous and say the elderly gentleman in his uniform and brass buttons—and I remember just how pompous he was.

The CHAIRMAN. Did you say brass buttons or brass hat?

Mr. SCRIVNER. Brass buttons. And there was not any feeling of patient and doctor.

It is going to have to be strictly civilian, so that when this man goes up to him he is not worrying about hurting the man's feelings by calling him a captain when he is really analogous to a major. There is not any need for it.

The CHAIRMAN. This bill is subject to amendment.

Mr. CANNON. We are quite well aware of that.

Mr. PICKETT. If you gentlemen would transmit to the committee in writing the amendments that you have in mind.

Mr. KETCHUM. If the bill is to be rewritten, Mr. Pickett, I doubt if we could have it ready by next Tuesday. But to just make some changes that I have suggested here, that could be done by Tuesday; but if we are going to discard the military idea, it is going to take some time.

Mr. PICKETT. But you think you might amend this by Tuesday?

Mr. KETCHUM. Yes.

Mr. PICKETT. If we are going to rewrite this bill, it is going to take us all longer than next Tuesday.

Mr. KETCHUM. That is right.

Mr. ENGLE. As I understood it, the purpose was to set up a medical organization in the Veterans' Administration independent of the present civil-service program.

Mr. KETCHUM. That is right.

Mr. ENGLE. Are you in agreement with that objective?

Mr. KETCHUM. If we are certain it will make for increased efficiency and better treatment of our patients in the hospital, yes; we would be for it.

Mr. ENGLE. Are you certain?

Mr. KETCHUM. Well, the trouble of it is I am not a doctor, and I have never worked in a Veterans' Administration hospital. We have to take the word of men who know or who have had the experience, and the only competent advice we have found in our office says it will work—says this will be an improvement.

Mr. ENGLE. As I understand it, the general was dissatisfied with the present medical set-up.

Mr. KETCHUM. That is right.

Mr. ENGLE. And they said, "We will model that after the set-up we use in the Army."

Mr. KETCHUM. That is right.

Mr. ENGLE. And that is what we have in the bill here.

The CHAIRMAN. The Army set-up is the thing they complain of.

Mr. SCRIVNER. Mr. Chairman, I think all of us will agree that the greatest incentive to take jobs is the old dough in the pocketbook, and I think, from all we have heard, one reason we do not have in the Veterans' Administration as fine doctors as we would like to have for these men is the fact that there is just not enough incentive there; there is not enough pay to attract them to this kind of service.

The CHAIRMAN. That is right.

Mr. SCRIVNER. And if you gentlemen will write a bill which will put in a great enough incentive—I mean pay, greenbacks, not only as to your doctors but your nurses and technicians. Those are the ones who have been on low-grade pay, and that is the reason you do not have them. That very idea will eradicate 90 percent of the troubles, together with your provision in here of an examining board to determine whether or not a person is competent to fill a position to which he aspires. And when you have done that you have given the veteran everything he needs.

The CHAIRMAN. My opinion is that if we would give the Veterans' Administration the right to go out and pick the doctors, then give them the right to pay them what they are worth—

Mr. SCRIVNER. Well, you cannot pay them all what they are worth.

The CHAIRMAN. Well, pay them something like what they are worth, which would get a competent corps.

Mr. CANNON. Set up a fair salary basis.

The CHAIRMAN. Yes. Now, we had a man the other day—the gentleman from Kansas was here—that raised the question about some attendant in some hospital in Michigan; and somebody got up here and exhibited a page from the Detroit Free Press showing a man hauling a wheelbarrow of coal, and it said his wages were \$6,000 a year; a man bringing the clothes from the pressing shop, his pay was \$5,000 a year; a man bringing in the laundry, \$5,000 a year. I believe. Now, while that was going on we have been trying to hold employees in the Veterans' Administration, attendants, for a third or a fourth that amount.

Now, you are not going to get attendants, you are not going to get doctors, you are not going to get nurses, people enthusiastically interested in their work, unless you pay them something like what they are worth.

Mr. KETCHUM. Mr. Chairman, I think the committee understands that one of the reasons for setting this up along military lines with titles, and so forth—that in itself was supposed to be an inducement to bring persons in who might not otherwise come in if they did not have that nominal commission as a colonel or major or captain.

Mr. CUNNINGHAM. In other words, that is part of the pay.

Mr. KETCHUM. That is part of the pay—the glamour.

The CHAIRMAN. Mr. Ketchum, how much time would you need to go over this proposition? We want to accommodate the veterans' organ-

izations as much as possible, and we want your advice, your well-founded advice, your deliberate opinion, after investigating the question thoroughly, and I am willing to give you what time is necessary.

Mr. KETCHUM. Well, to overhaul the entire bill, Mr. Chairman, we could not do it by next Tuesday—that is, if you abandon the military plan that they have set up here and go to another plan; it will take us longer than Tuesday to get it ready. If, however, you want our suggestions in writing on corrections we think ought to be made in this particular bill, we could have it for you by next Tuesday. On the other hand, I would say we ought to have at least 2 weeks.

Mr. ALLEN. This is a matter of such tremendous importance that I do not think we ought to rush through it at all.

The CHAIRMAN. I am not rushing through it. Are you through with your statement?

Mr. KETCHUM. Yes.

The CHAIRMAN. Well, let us finish with the other veterans' organizations. Because I want this thing right. I want the bill to work.

Mr. KETCHUM. In conclusion, Mr. Chairman, I think I made clear to the committee that we had two primary—well, two primary concerns, at least, to see to it that the doctors were amply paid and rewarded so that we might get good doctors; secondly, that the technicians be elevated to a professional basis instead of the subprofessional or CAF grade that they have been in; and thirdly, the overhauling of all salaries in the Veterans' Administration—so far as the hospitals are concerned—to be accomplished, the technicians, and so forth.

The example you gave a few moments ago is very apt. You find men doing work being paid \$6,000 a year, and you find a man having the care of disabled for \$1,400 and \$1,600 a year. It just does not make sense.

Mr. ALLEN. Do you say, Mr. Ketchum, if you fail to accomplish this purpose it would be wise to take doctors out of civil service?

Mr. KETCHUM. I will have to answer that this way, Mr. Allen—that if in the judgment of the officials of the Veterans' Administration, those whom we must put trust and confidence in, that they cannot get the service from these doctors—they have inefficient and incompetent doctors that they cannot get rid of—I say, "Yes; give them that authority; absolutely."

The CHAIRMAN. I will ask the gentleman from Louisiana, if you were to get sick, would you call the civil service or would you call a doctor that you knew and had confidence in? Or would you call the civil service to send you someone?

Mr. ALLEN. I think the chairman knows my position.

The CHAIRMAN. I have never been able to see the reason for putting professional men under civil service. Now, they have been trying that for years, and they forced that onto the lawyers; and I presume, Mr. Cannon, you are a lawyer. I am a lawyer, he is a lawyer. I cannot think of anything that would be more deadening.

Mr. DOMENGEAUX. I believe in civil service, but I do not believe you can obtain competent doctors through civil service. I do not think you can lay it all on the civil service. You have to lay that on to the weakness that has existed the past 20 years in the Veterans' Administration. It is the combination of things.

Mr. CANNON. There may have been a little preference at the point of picking them.

Mr. CUNNINGHAM. During the last 20 years they have gotten in because of civil service, and you cannot get rid of them. That is what this committee is hitting at.

The CHAIRMAN. You have a lot of alien doctors who would not be in there, in my opinion, if General Hawley had had the right to select.

Mr. DOMENGEAUX. They got in during the war.

The CHAIRMAN. But the war is over now.

Mr. DOMENGEAUX. Yes.

Mr. KETCHUM. I have never approached the committee with as much uncertainty on a piece of legislation as I am this morning. Frankly, we are just torn between uncertainty and doubt as to what should be done.

Mr. CUNNINGHAM. Then you do not blame the committee for being in doubt?

Mr. KETCHUM. No. I know you are on the spot. I am glad it is you and not me.

The CHAIRMAN. Now, Mr. Ketchum, you have had years of experience with veterans' affairs, and so have the majority of this committee. We want to cure the evils, but we do not want to create additional evils that will be worse than we had, and for that reason I am asking you and the other veterans' organizations to come in here and give me your advice on it. We are going to hear the other veterans organizations, and then I am going to get together with the committee to ask what time we can give you.

**STATEMENT OF MILLARD W. RICE, NATIONAL SERVICE DIRECTOR,
DISABLED AMERICAN VETERANS, ACCOMPANIED BY WILLIAM
E. TATE**

The CHAIRMAN. Mr. Rice.

Mr. RICE. Our organization is very much interested in anything that affects the end results of treatment for disabled veterans. Our organization has during the past 25 years alternately been in favor of a proposed medical corps and then has not adopted any resolutions about it and has been hesitant on one side of the fence or the other, always influenced by the realization that there was a great need for improving the medical service and the personnel of the Veterans' Administration but never quite sure as to how it should be done.

During the last several years we have not had any resolution adopted by the national convention of the organization as to whether or not the organization was in favor of a proposed medical corps such as is outlined in this bill; and therefore we do not have any guiding resolution adopted by our last national convention on this subject.

I think all the members, or practically all of them, however, are pretty definite in their viewpoint that they do not want any militarization in the Veterans' Administration and that they do not want to have to call their doctors by titles or stand up and salute them or receive treatment on the same basis as they would in the armed forces; that they want to be civilians again in every sense of the word and

want all the personnel they deal with to be regarded as civilians in every sense of the word.

I have not had an opportunity for reading the provisions in this bill, but it appears that it proposes to provide a separate corps in the Veterans' Administration patterned after the corps within the Army, with the same sort of pay, same sort of allowances for dependency, same retirement privileges. I wonder what that is going to do with the other members of the Veterans' Administration.

Might not the attorneys feel they should have a separate corps? During all of the years that the Veterans' Administration has been in existence its standards of salaries and its system of promotions for its doctors, attendants, and professional personnel has been grossly deficient in several respects.

The CHAIRMAN. What is that, Mr. Rice?

Mr. RICE. Has been grossly deficient in several respects.

The CHAIRMAN. Do you mean civil service?

Mr. RICE. No. The Veterans' Administration. I blame that on the Veterans' Administration, not the civil service. I recall 5 or 6 years ago, when there was an impending shortage of attendants and we were trying to find out what could be done about it, I visited the Classification Board of the Civil Service Commission and was informed if the Veterans' Administration would ask for an increase of classification for its attendants, nurses, and doctors it would have very little difficulty in it being granted. The Veterans' Administration was pursuing a policy of not being very liberal.

I have known of doctors who have had the same grade for 18 years. I know a doctor in Minneapolis who has had the same salary the last 16 or 18 years, and no promotion, despite the fact that he is in charge of the entrance ward into the hospital and is doing the diagnostic work. That is not the kind of thing that will induce doctors on the outside to enter the Veterans' Administration.

I am not so much inclined to criticize the Civil Service Commission concerning that as I am the Veterans' Administration. The Veterans' Administration determines the specifications for its doctors, its salaries, its grades, its promotion grades, and so forth, and not the Civil Service Commission.

Mr. ENGLE. Do you think these deficiencies can be corrected within the framework of the Civil Service Commission?

Mr. RICE. I personally believe they can be.

Mr. ENGLE. In other words, you think we are taking the wrong approach to this in setting up a medical corps?

Mr. RICE. I may be wrong on that. I am not a doctor. But as an individual I believe it can be corrected through the civil-service procedure if the Veterans' Administration will insist upon it, and I would very much dislike to have the civil-service provisions done away with, and I think they would be done away with if we have a medical corps completely divorced from the Civil Service Commission. After all, the Civil Service Commission is merely the recruiting, examining, and certifying agency for all the rest of the Government agencies.

Mr. CUNNINGHAM. May I make a suggestion.

Mr. RICE. Yes.

Mr. CUNNINGHAM. I have heard no one suggesting that the Medical Corps be completely divorced. The only thing is the Administrator will have the right to discharge incompetent doctors.

Mr. RICE. Well, this bill would certainly do it completely out of civil service.

Mr. CUNNINGHAM. For the future.

Mr. RICE. Yes.

Mr. CUNNINGHAM. We are talking about doctors who are already in.

Mr. RICE. I was directing my remarks in that connection with the proposal in this bill to take it completely out of Civil Service; and I can see it would take away veterans' preference. I can see also that those doctors who are veterans who have service-connected disabilities would probably have great difficulty in meeting the physical requirements in order that they might be eligible for the retirement benefits that would be specified and provided for in this bill as to those who did meet the qualifications.

On the other hand, disabled veterans who are doctors or technicians may become employees under the civil-service system and may build up a civil-service retirement, longevity retirement, or total permanent disability retirement; and I do not believe that that ought to be jeopardized.

The CHAIRMAN. Mr. Rice, you are talking about the civil service. I wonder if you have ever taken the time to add up these facts: That the Security and Loyalty Division of the Civil Service is being virtually destroyed from within; that the counterintelligence of the War Department is being destroyed from within; and that in violation of the wishes of Congress and the American people Communists are being commissioned in the United States Army from within; and that certain records of—certain people's records in the War Department have been destroyed; and also that these attacks on the Veterans' Administration came at least from men, some of them of very questionable loyalty to our form of Government and our way of life; and that the same drive is being made now to discredit General Patton and to destroy General MacArthur.

I wonder if you have ever added those things up?

Mr. RICE. Yes; I have noticed comments concerning that.

The CHAIRMAN. Now, it has been intimated that this drive against the Veterans' Administration was for the purpose of taking it over by certain elements in this country that so far as I am concerned I do not want.

Now, if we are going to protect the Veterans' Administration, if we are going to protect the disabled veterans, we must see to it that those influences do not get their hands around the necks of the doctors in these hospitals.

Mr. RICE. Correct.

The CHAIRMAN. And I am going to do all I can to shake them loose. And I will demand a house cleaning in the Civil Service as I am demanding a cleaning up in the War Department.

Mr. RICE. I am for a cleaning up wherever it needs it.

The CHAIRMAN. Well, is it not a little strange to you that you have been on this job for 10 or 15 years and that the American Legion has been on the job since the close of the last war and the Veterans of

Foreign Wars have been on the job, and the Purple Heart has been on the job; and that it remained for a couple of fellows who had an ax to grind to come out here and publicize all the iniquities of the Veterans' Administration that they were prone to pronounce; and yet at the same time they failed to mention the very thing that was causing the trouble?

Now, is that all not a little strange, that all this pressure should be brought to bear in that way?

Mr. RICE. Well, our own organization had resorted to constructive criticism rather than resorting to the newspapers.

The CHAIRMAN. The other organizations had also resorted to criticism, very effective criticism. I am not objecting to that. But the Veterans' Administration has been subject, General Hines has been subject, to the greatest barage of organized smearing that I have ever known. General Hines and I have crossed swords many times on veterans' affairs but I do not believe there has been a more conscientious servant.

They have brought in statements from people who were insane. And all of that stuff was spread throughout the country. And now they have come to the point where they are asking for changes, and this committee is trying to find a way to cure whatever is wrong in a conservative, systematic, effective way.

Therefore, I think that the proposal here to take these doctors out of civil service, as far as I am concerned, is perfectly in order, and to give the Administrator of Veterans' Affairs the power, the right, to select his own doctors. But the question here is whether or not we want to follow the plan laid down in this bill, or whether you have some suggestions to make as to amendments.

Mr. RICE. I have indicated in response to a question that I think that most of the ills and deficiencies could be corrected by the regular civil-service method. I am not prepared to say that our organization if it had an opportunity to consider this matter at a national convention would either endorse it or be against it.

The CHAIRMAN. Wait a minute. Are you willing to do that with this counterintelligence and security and loyalty division being virtually destroyed?

Mr. RICE. I think that ought to be corrected.

The CHAIRMAN. Do you realize how many alien doctors they thrust upon us?

Mr. RICE. Unfortunately, because the others were not available.

The CHAIRMAN. Do you want to continue that after this war?

Mr. RICE. I want to increase the inducement.

The CHAIRMAN. Congress wants to correct these things.

Mr. RICE. I agree with that, although it is a different subject.

The CHAIRMAN. I am neither advocating nor opposing this bill. I am trying to find out what ought to be done. And I think that is what the other members of the committee are trying to find out.

Mr. RICE. On the other hand, I point out that without some method of trying to cure this by the civil-service method we might then be charged with being willing to do away with veterans' preference in Government jobs.

Mr. ALLEN. Well, nobody wants to do that.

Mr. RICE. I do not think so either.

The CHAIRMAN. Do you not think the Loyalty Division is a step toward circumventing the veterans?

Mr. RICE. It does not do away with the effectiveness of Public Law 359 as to veterans' preference.

The CHAIRMAN. In other words, we do not want to break the hope of these men when they come back here.

Mr. RICE. That is right.

The CHAIRMAN. I do not want to leave any gap for them to go through when I know they are going through that gap now, and men in this country have suffered as a result of that.

Mr. RICE. I am in perfect harmony that we ought not permit people who are not patriotic to be Government employees. We are certainly in harmony with you on that subject.

Mr. PICKETT. Mr. Rice, we are all agreed on that that none of us want to eliminate veterans' preference. Now, if a situation resolves itself down to the selection of one or two doctors, one who is a veteran and another doctor who is not a veteran but is better qualified in every respect, would you take the veteran?

Mr. RICE. Certainly not. I would want the better doctor.

Mr. PICKETT. How are you going to take care of this situation then?

Mr. RICE. If we go into the civil-service procedure I do not say that because a man gets 1 point or 10 points higher that that proves he is the better man.

Mr. PICKETT. That is right.

Mr. RICE. Now, we do give 5 points to a veteran and 10 points to a disabled veteran. The reason for doing so is not strictly because he is a veteran but because he has gained experience in cooperating with other people and has gained a sense of loyalty by reason of having served in the armed service; and a man who has suffered disability has gained experience which cannot be evaluated on a civil-service examination, so we give him 5 or 10 points. Some of the finest points of character cannot possibly be shown on a civil-service examination; willingness to work a little overtime; willingness to work faithfully on the job, cannot be measured on a civil-service examination.

So I cannot start out with the premises that we can determine exactly which is the better man by a civil-service examination. The fact they have had experience in dealing with others should be valuable. But where there is no doubt whatsoever but what one man is better than the other man, naturally as to a doctor we would certainly want that better man, even though a nonveteran should be selected.

Mr. PICKETT. So, if you were selecting under civil service you would never have the advantage of picking the other man.

Mr. RICE. Certainly you would. Ten-point preference veterans are not placed at the top of the register as to any technical or professional position as to which the starting salary is \$3,000 or more; and they are thereafter placed on the relative order in accordance with their augmented ratings, their earned ratings plus 5 or 10 points. Whereas, on other ratings, the 10-point veteran is placed at the top of the register.

Now, the agency may skip No. 1 by submitting reasons to the Commission, which reasons can be made available to the man. There is no mandatory provision that he must appoint No. 1. If the agency

considers No. 2 or No. 3 definitely to be a more preferable employee and has adequate reasons for skipping over No. 1, that is possible.

Mr. ENGLE. As I understand, the reasons must be against the veteran and not a relative superiority.

Mr. RICE. That is correct. That is correct. But the agency itself submits those reasons to the Civil Service Commission, and the Commission considers whether those reasons are adequate. Notwithstanding the fact that the Civil Service Commission may hold the reasons are not adequate, the agency can still appoint the other man. Because we had a hearing on that subject in the Senate Committee on Post Offices and Post Roads yesterday.

Now, so far as Civil Service is concerned, it cannot recruit the necessary doctors and nurses unless the inducements are sufficiently high to attract these people. We have not particularly tried the civil-service method by additional inducements, for doctors particularly, and technicians that are needed by the Veterans' Administration, in sufficiently high classifications to really attract them. We can do so by that method.

Now, our organization is having a national convention next week, and I surmise that this subject will be one for discussion by a convention committee and that the pros and cons will then be discussed.

Mr. PICKETT. I have one other question, Mr. Chairman.

The CHAIRMAN. Yes.

Mr. PICKETT. Now, Mr. Rice, you say inducements may be provided in the civil-service method. Do you have in mind that the list contains a man 87 years old, a lady 76, and that more than 60 percent on that eligible list are 60 years of age or over?

Mr. RICE. First, the inducements were not sufficiently high. That is No. 1. Next, we have been in a war period when the doctors were taken over by the Army and Navy so there were very few left who could take these examinations. That might be true if you had a Medical Corps if you did not have a priority. We just scraped the bottom of the barrel, as it were, in trying to obtain those people.

So the mere fact that the only man you could find on that list happened to be 87 years old does not necessarily prove that the Civil Service Commission is unworkable.

Mr. PICKETT. Does it not indicate though that if they made the selection you would not get the right kind of personnel?

Mr. RICE. I do not think it does. The Civil Service has not yet offered the right kind of inducements.

Mr. PICKETT. Well, do those folks not stay on the register until something happens to take them off of it?

Mr. RICE. Ordinarily they are canceled each year and you place additional names on.

Mr. BENNETT. We have had trouble getting sufficient doctors. In many of the States the osteopath takes the same examination before the same board and receives a license to practice for the same things that an M. D. has. But because he has a D. O. degree instead of an M. D. degree, the Veterans' Administration will not permit him to do the services for which he is qualified. Now, then, you say that you are going to have a national convention next week. I want to express a hope that you will reaffirm resolutions which you have adopted in the past which would, if written into law, permit the Veterans' Administration to hire these osteopaths.

Mr. RICE. It is true we did adopt such a resolution at the last national convention. It is probable a like resolution will be presented next week.

Mr. BENNETT. I would like them to adopt this provision [indicating].

(The resolution referred to follows:)

RESOLUTION ADOPTED IN NATIONAL CONVENTION BY THE DISABLED AMERICAN
VETERANS OF THE WORLD WAR

Whereas there are many disabled American veterans throughout the United States who desire and need osteopathic treatment for their disabilities acquired in the World War; and

Whereas there is no provision in the National Veterans' Administration for such cases to have osteopathic treatment for their particular disabilities; and

Whereas there have been demands made by them for special dispensation to be made that they have osteopathic treatment; and

Whereas they have been refused such demands; and

Whereas many disabled veterans have received untold benefits from treatments of service-connected disabilities as a result of osteopathic therapy, obtained at cost to the veterans in preference to the free medical treatment afforded by the Veterans' Administration: Be it

Resolved, That the Disabled American Veterans of the World War in convention here assembled at Columbus, Ohio, this July 31 to August 7, 1937, recommend that the Veterans' Administration rules be so amended that osteopathic service will be available to disabled veterans on application through the various regional offices of the Veterans' Administration.

Mr. DOMENGEAUX. Basically, this has been the problem: The Veterans' Administration is confronted with incompetent physicians and doctors in the hospitals who have been placed there through civil-service appointment. Now, they can only be removed under the regulations. It may be that under existing law they cannot be removed. But it is recognized that they should not be in the hospitals. How are we going to give the power to the Administrator to remove these doctors?

Mr. SCRIVNER. It won't be hard to do.

Mr. DOMENGEAUX. How are you going to do it unless you amend this civil-service proposition?

Mr. SCRIVNER. You can write it into this law.

Mr. DOMENGEAUX. That is just as to the future.

Mr. SCRIVNER. You can write it in here in a hundred words.

Mr. RICE. The Administrator now has the authority to hire and to fire.

Mr. SCRIVNER. No; he does not.

Mr. RICE. He has the authority to issue charges against a man.

Mr. ALLEN. You know what that is.

Mr. RICE. Yes; I know it is difficult, but I think a man who becomes a Government employee ought to be protected also, because I have seen efforts on the part of the Administrator to release men from the service that did not deserve to be released.

The CHAIRMAN. You remind me of the time they caught a horse thief and brought in 12 of his cohorts on the jury, and they said, "We find the man who stole the horse is not guilty."

What I want to do is to give the Administrator the unquestioned authority to make these changes whenever it is necessary.

Mr. RICE. I think that ought to be tightened up, but the Administrator has been in a very tough position because of the lack of personnel and his attitude has been to try to get along with them as best he pos-

sibly could and before firing them would transfer them from one place to another place because he needed them so badly.

Mr. CUNNINGHAM. Is not your purpose and our purpose the veteran and not the doctors?

Mr. RICE. That is right.

Mr. CUNNINGHAM. Why should we overlook the welfare of the veteran?

Mr. RICE. That is what we are trying to do.

Mr. CUNNINGHAM. Now we are forgetting the veteran. We have 16,000,000 GI's that we have to think about, and their interest comes before anything else.

Mr. RICE. That is the primary interest but there are some other things we ought not overlook.

Mr. CUNNINGHAM. We can overlook them if it is going to hurt the veteran.

Mr. RICE. By all means. We ourselves have taken part in having charges against certain doctors and have not been able to get any place because the Administrator preferred to transfer them some place else.

Mr. CUNNINGHAM. If I have any criticism, your organization and everyone else, we have paid too much attention to everyone except the veteran. We should pay more attention to the veteran, the disabled veteran.

Mr. RICE. I think the reason goes back because of policies that have been in effect for a good many years, and also when the Veterans' Administration took classification 5 without protest and then was moved up to classification 1. In the meantime it had lost a lot of its personnel and there was not any adequate way to keep them under that low classification that was given in relation to the war effort.

Mr. ALLEN. Mr. Rice, you mentioned a while ago that a good many of these doctors are veterans themselves.

Mr. RICE. That is right.

Mr. ALLEN. Now, would you say that because a physician may be a veteran treating these veterans, that he should be held on there, irrespective of the fact that he is incompetent?

Mr. RICE. Of course not.

Mr. ALLEN. Let me say this: I ran into one hospital this summer and the manager said, "There is a doctor we want to get rid of. We have asked Washington to take him away from here."

He was in the service, by the way; in the Army. The chief medical officer came in. He said, "Yes; we want to get rid of him."

Now, they cannot say the man was incompetent; they were not going to say that. But the man was creating trouble all around. I wired General Hines to get him away from there and General Hines took him away. But that man will come back and be entitled to veterans' preference here.

The CHAIRMAN. You know and all of us know that Congress passed a law to take from the Federal pay roll men who were disloyal to this Government, and they did not take them off. They are still on the pay roll. I agree with the gentleman from Iowa, there is too much said here about the fellow who rides the Federal pay roll and not enough about the fellow who faced the gun and needs treatment.

Mr. RICE. That is the one we are interested in. We want the system that works the best for him. We are not sure which will work the best for him.

The CHAIRMAN. You know, Mr. Rice, the present system is not working, and we know if we started to get rid of one of these doctors who happened to be a Red, you would hear the smear bund all over the radio tonight and tomorrow you would have the propaganda going through the press. We have to change the system. Whether the present bill, or H. R. 3310, or whether or not some changes should be made in the bill before us will meet the situation—

Mr. RICE. May I call your attention to the fact there are lots of possibilities of improving the situation with the methods we now have? The Veterans' Administration still has most of its doctors spending time pushing a pencil when they ought to have clerical people available, and dictaphones.

Mr. CARNAHAN. That situation is being corrected, is it not?

Mr. RICE. Gradually; yes; but it has been too long delayed.

The CHAIRMAN. You wanted to have Mr. Tate?

Mr. RICE. Yes. I would like Mr. Tate to have something to say.

The CHAIRMAN. With reference to this doctor proposition, we are not going into the whole system of veterans' legislation at this time. We are on this bill.

Mr. RICE. That is what I understand.

STATEMENT OF WILLIAM E. TATE, DISABLED AMERICAN VETERANS

Mr. TATE. Mr. Chairman and members of the committee, in view of the fact that our organization has not taken a position with reference to this particular bill and, as Mr. Rice stated, we meet in convention next week, any statement I make would be general.

I have listened to the testimony before this committee and I have been impressed with the fact that the Administrator and General Hawley and the members of this committee are much concerned about the treatment the veterans are getting and are endeavoring to make available to the disabled American veteran the very best possible treatment.

Of course, that is in complete accord with the program of our organization.

As Mr. Rice has stated, we have taken the position almost from the beginning of our organization endeavoring to have this treatment improved.

Many years this question of a medical corps came up before our convention and it was controversial. I would say it dealt entirely with methods and not with the aims. The conventions did many times go on record as approving a medical corps in the Veterans' Administration, but at all times it was very clear our organization did not favor a corps that was in any way military. From the beginning and up to the present there is no doubt but what our members are opposed to military titles and uniforms within a corps, should it be founded.

I heard the Administrator testify that the plan and the military titles were for the purpose of pay only, it was comparison; and that

uniforms would not be used, nor would military titles. Of course, that removed objections that we otherwise would have had.

But I listened with interest to the discussion between Mr. Scrivner and Mr. Cunningham with reference to the setting up of a pay scale without any regard to a parallel with the War Department. I think perhaps that would be better.

The CHAIRMAN. Without regard to rank.

Mr. TATE. Yes, sir. In any event, Mr. Chairman, I am sure every member of our organization is in perfect accord with the statement you made this morning that first preference to be considered is the preference for the disabled veteran who is to receive this treatment.

You have noted, as I do, that there is concern on the part of all the veterans' organizations that have testified with reference to protecting this veterans' preference. I think that we can protect the preference of the veteran that is to be treated and at the same time protect sufficiently the preference of the veteran that is to be hired. If there is any choice the choice necessarily must go to the man who receives the treatment.

I am not in position to make any sort of recommendations to this committee as to how the bill should be amended. I think I speak for the organization when I say we would not want for one moment to put any obstacles in the way of the Administrator of Veterans' Affairs and his staff in providing for the very best care of the men we represent.

The CHAIRMAN. Now, do you think all that can be done under civil service?

Mr. TATE. Well, I listened to the testimony of the Administrator and General Hawley and it was the plan, as I understand, to use both civil service and this medical corps, and there is a question in my mind as to whether or not under civil service you would be able to set up these residency physicians that were discussed here before your committee, and I am personally of the opinion that that is a very valuable asset to medical treatment in the Veterans' Administration. I am not in position to express the opinion of the organization as to whether or not the job can be done as it should strictly under civil service. I am in accord with Mr. Rice that it could have been improved and can be improved under civil service by giving proper inducements to doctors by better pay and better professional opportunities. But in view of the fact that the man who is charged with the responsibility of furnishing this treatment, is charged with that responsibility by the Government and by the men he serves and by the public, I for one would certainly hesitate to oppose a thing that he comes before the committee and says is necessary for him to give this treatment.

As an organization, the DAV no doubt will express itself next week.

The CHAIRMAN. If we had had to select our Army officers through civil service do you suppose we would be across the Rhine today? Or even across the English Channel? General Grant never would have commanded an army in the Civil War. I think General Lee stood up pretty well. If you are going to strait-jacket anything, especially of professional men, in my opinion it is going to result in deterioration; and I think that is what you have now.

Mr. TATE. I am familiar with the difficulty of getting rid of some of the incompetent doctors.

The CHAIRMAN. Do you mean difficulty or impossibility?

Mr. TATE. Well, I do not think it is impossible. Although it would have been difficult. Regardless of whether it would have been done or not, it has not been done. And it has been the policy to follow the line of least resistance and transfer men rather than fire them. And if you leave it the same way, I am afraid this line of least resistance will continue to be followed; although we have been able in some instances to have some doctors taken from the roll; but it has been very rarely that we have been able to do that.

Mr. RICE. Mostly because of lack of doctors, though.

The CHAIRMAN. You do agree they should change them?

Mr. TATE. Yes. It must be improved. Mr. Rice has pointed out the situation has made the policy perhaps more lax than it should be; but it was the same policy years ago. I mean, to transfer, rather than to fire.

The CHAIRMAN. In other words, instead of firing one they transferred him to impose on some other hospital.

Mr. TATE. Yes. Mr. Chairman, I recognize that there are rare occasions perhaps when a doctor might not be able to perform satisfactory service at one hospital and might be able to do so at another. But generally speaking, that is not true. And as I heard General Hawley testify, one of the difficulties about firing a doctor is that he may have all of the qualifications to practice medicine except that of proper temperament. There is a great deal more to conducting a hospital and treating a man than operating on him and examining him and giving him medicine. If you will permit me, I will give you an example. Down in Memphis, Tenn., a good many years ago we had a hospital—

The CHAIRMAN. You mean a veterans' hospital?

Mr. TATE. Yes. I had never been in that hospital, but as service officer in Atlanta, I necessarily saw the reports and the reports themselves condemned the doctor there, and I made an examination or had an examination made of that hospital and I was told certain changes had been made. I said, "Is Doctor So-and-So still there?" He said, "Yes." And I said, "Then I am not satisfied." I had never seen that doctor, and have not to this day. But as a result of that they studied all the reports from that hospital. In one examination he reported a man's chest normal, and on the same X-ray there was a notation that the heart was not visible because of fluid in the lungs. That was on that same report.

Of course, as a result of that we got rid of that particular doctor. At one time men were leaving that hospital against medical advice in large numbers, because they had a policy in there that any man that came there and got out with his teeth and tonsils was pretty good. It may have been necessary to do those things to those patients but if it was, the doctors were not explaining that necessity to these boys from Tennessee and Georgia and consequently they would leave.

I think that illustrates the fact that there is more than just taking the teeth and tonsils out; there is necessity of explaining the necessity of it.

So there are doctors who are medically qualified, and for that reason it is difficult to remove them, who are not temperamentally fitted to handle patients.

The CHAIRMAN. Mr. Tate, I can give you a first-hand report on that. I was sick in Panama once. The doctor came in and felt my pulse and said, "I recommend an operation." I said, "Doctor, your recommendation is overruled." He said, "If you are not going to comply with the rules of this hospital we need this bed." I said, "Who are you talking to? Did you know this is a Government hospital, and you are merely an employee here?" Now, I said, "You are not going to operate and I am going to stay here until I am able and ready to leave here." The next day I got a letter of apology from the Governor of the Canal Zone.

It came to me that there was a misfit who ran around with his knife and wanted to operate on everybody in the hospital.

Mr. TATE. Mr. Chairman, may I point out the men we are concerned with are not Congressmen and cannot do what you did?

The CHAIRMAN. They cannot talk back to the doctor.

Mr. TATE. That is right.

The CHAIRMAN. I have not been operated on yet and I am comparatively strong. As you say, the average patient cannot talk back.

Mr. TATE. No, sir. If he can, he is afraid to.

The CHAIRMAN. Yes.

Mr. TATE. I would like to make this point, though, Mr. Chairman: There are good doctors in the Veterans' Administration. I personally am greatly indebted to Veterans' Administration hospitals. I think they saved my life and saved an arm for me.

The CHAIRMAN. They have saved many lives.

Mr. TATE. I am grateful to them. But that does not blind me to the fact that there is great need for improvement.

The CHAIRMAN. It is not fair to these good doctors to take the blame for what the others do or do not do.

Mr. TATE. That is correct.

The CHAIRMAN. What we want to do is to raise the general level.

Mr. TATE. The DAV is certainly in accord with that program.

The CHAIRMAN. Thank you.

Mr. CUNNINGHAM. May I ask you a question?

Mr. TATE. Yes.

Mr. CUNNINGHAM. These doctors that you refer to that are good doctors from the medical standpoint yet their temperament and attitude toward patients is such that they are not the best fits, do you think for the best interests of the veteran they should be kept?

Mr. TATE. No, sir. I think they should be fired.

Mr. CUNNINGHAM. Do you recommend then that this bill should contain some wording that would give the Administrator the right to fire them, even though they are good medical men?

Mr. TATE. Well, if you give too much authority there is always danger of abuse. I am not criticizing the present Administrator, but I do not know how long he will be Administrator. You say he can be fired for cause. I think you ought to set up some system of determining.

Mr. CUNNINGHAM. Let me go a little further. I was very much interested in what you said, because I ran into one hospital, the man

in charge, I asked him about his doctors. He said "I am getting along all right but I have trouble with two." He said "The funny thing is they are the best medical men I have." He said "They clique together. They call the patients jerks. They treat them in a high-handed manner. Some patients do not like them, say they would rather die than be treated by them." I said "Why do you not get rid of them." He said "I cannot." I said "Why not?" He said "The burden of proof is on me. I could not get another doctor to testify against them. They are afraid of reprisals." Yet many of the patients would not let him touch them.

Now, those men certainly ought not be kept there to treat our GI boys.

Mr. TATE. No, sir. They certainly should not.

Mr. CUNNINGHAM. Now, your organization ought to be able to come before our committee with some recommendation to correct that. We expect that from you. We expect you to share the responsibility.

Mr. TATE. We will share it with you.

The CHAIRMAN. If that was in a private hospital, how long do you suppose that doctor would last?

Mr. CUNNINGHAM. About 5 minutes.

Mr. DOMENGEAUX. If these doctors had not known that civil service was there to protect them do you not think they would have been good doctors?

Mr. CUNNINGHAM. You bet they would.

The CHAIRMAN. Are you through, Mr. Tate?

Mr. TATE. Yes.

The CHAIRMAN. Are you through, Mr. Rice?

Mr. RICE. Yes.

The CHAIRMAN. We will take a recess until 2 o'clock. Be back here at 2 o'clock.

(Whereupon, the committee recessed until 2 p. m., of the same day.)

AFTER RECESS

The CHAIRMAN. Let the committee come to order. The Military Order of the Purple Heart's representative is to be heard.

CAPT. FRANK HALEY, MILITARY ORDER OF THE PURPLE HEART

Captain HALEY. Mr. Chairman, shall I proceed?

The CHAIRMAN. Give your name to the reporter, and the organization which you represent.

Captain HALEY. Mr. Chairman, my name is Frank Haley, I am service director, Military Order of the Purple Heart.

The CHAIRMAN. You may proceed, Captain Haley.

Captain HALEY. Mr. Chairman, I have a short statement which I would like to present first, after which I would like to further express my opinion and express some of the features of some of the principles in H. R. 4225. Our convention held the first week in August each year could not be held this year owing to transportation conditions. However, in lieu thereof, we had a meeting of our executive committee, which meeting did not have before it either H. R. 4225 or H. R. 3310, which bills, at least in title are similar and for that reason our

national organization has taken no action on the question involved, since the introduction by the chairman of this committee of either of these bills. The Military Order of the Purple Heart has, however, in the past gone on record in favor of such legislation and, in fact, at our national convention held in 1943 at Duluth, Minn., a resolution was introduced and adopted recommending to Congress and the Veterans' Administration that a separate medical corps be set up in the Administration, and if my memory serves me right, a similar resolution was again passed by our 1944 convention.

While I, at this time, come before your committee uninstructed and unprepared to state what action the Military Order of the Purple Heart may take in support of, or in objection to, H. R. 4225, I can definitely state that H. R. 4225 is, to say the least, along the lines which we, as an organization, representing wounded veterans, have long felt there is a dire need of. Personally, I believe that this bill should not be passed in its present state, and that it would not be wholly supported by our organization as now written. There are certain provisions in this bill that we feel should be eliminated, other provisions that we believe may well be amended, as was stated this morning by a member of the committee, as I recall the statement, "The bill might indeed be rewritten"; in fact, I believe he said, "The bill might need rewriting."

Well, as to incorporate provisions and phraseology there should, in your opinion, be some material amendments made, but as to the principle on which this bill is based, no change should ever be made. The Military Order of the Purple Heart is 100 percent back of this bill as to principle. There are approximately 1,000,000 wounded veterans in World War II, and thousands from World War I, and former wars. We, as an organization, are first and foremost interested in insisting, yes, demanding, that these men be given the best of treatment by the best of doctors and nurses available, irrespective of cost; anything beyond that, in respect to veterans' preference for doctors to be included, is of secondary consideration. Care of the wounded and disabled must come first irrespective of what doctors' toes we may tread upon. But let me make this observation, there are in the service of the Veterans' Administration many very good doctors and surgeons.

Mr. Chairman, now, I did not have an opportunity to listen to the testimony offered before this committee by General Bradley or any of the other representatives from the Veterans' Administration for the simple reason that I was, at the time those hearings were being conducted by your committee, in attendance at other committee hearings over in the Senate and elsewhere in the Capitol, so I do not know just what was said and advocated by General Bradley and others.

I, however, listened to and observed the testimony given here this morning by representatives of the Veterans of Foreign Wars and the Disabled American Veterans. Some of the testimony given or suggestions offered by these representatives I agree with. There are others, in connection with other things, that I do not think I would personally, and I venture to say in all probability the organization which I have the honor of representing, the Military Order of the Purple Heart, would not go so strongly for because, as I stated, there is one thing that we are first and foremost and primarily interested in and that is the wounded and disabled men. Of course, we would like to see these veteran doctors and everybody else do well, whether

they are on there by reason of a civil-service rating or otherwise, but that has nothing to do with this problem, and it never should be at the expense of the wounded and disabled veterans, because I think that the Government's first claim lies there, and they come first, in our humble opinion. Now, other things in this bill that we discussed here this morning, and particularly the set-up in this bill, that is along definitely military lines.

I know something about military lines, and I know how a soldier feels after he gets out of that uniform and gets his discharge in his pocket. The less he sees and hears of military matters in any shape, form, or manner, the better he likes it. And as soon as you have the set-up here in this proposal, a Medical Corps within the Veterans' Administration, along the line here, with the titles and what-not, along military lines entirely, well, you are not going to satisfy the GI or any veteran from any other war either. Because I know something about how these men feel that wear these uniforms, men that did not have any service, did not and do not know what service means, but they been put in a uniform and they—pardon my expression—they get a little bit chesty about it rather quickly. I have had some personal observation of that. I walked up to a doctor in the Veterans' Administration not so long ago, a man that I had known for years, and I said, "Hello, Doctor"—I will not give his name, we will call him Dr. Blank—and I had never addressed him otherwise—and he said, "I am Colonel Blank." "Oh," I said—well, you can guess the rest.

Mr. CUNNINGHAM. We understand.

Captain HALEY. That does not set well and will not set well with any old soldier or any GI from the present war.

Mr. SCRIVNER. That was just the point I was trying to make this morning.

Captain HALEY. You expressed my views, my personal views, and the views of my organization very well this morning, and I will stand back of that, and we stand back of it 100 percent. I think, now, there is probably enough said on that. I do not want to take up any more of the time of this committee. I realize, of course, I am always the last one called, and everything has been rehashed and rehashed by somebody else, and by the time you get to me all my thunder has been stolen by someone else and I am left high and dry.

Mr. ALLEN. Captain Haley, it looks like you have plenty of thunder left.

Captain HALEY. I said, probably my position on this bill is that it is one of opposition so far as it follows the proposed military and Army lines. I think my stand and my ideas on that are understood. At the time I appeared before this committee on the investigation of Veterans' Administration hospitals I had personally visited three or four of the largest hospitals up in the metropolitan area. I had had some reports from my son about the field representatives—although we do not have a field staff that these larger veterans' organizations have—and we found, and I found from personal observation, and from what information I gained from others in our organization, that a good deal of the field staff and probably the majority of them felt that the fault, perhaps most of the fault in the conditions in the hospitals at that time was that the staff—and what I mean by the "staff" I mean right from the top doctor down to the lowest orderly or attendant, nurse, or porter, was miserably under-

paid, and that they were only there by force of circumstances, more or less. There is absolutely no incentive there for anyone, man or woman, to do a good job. Now, the salaries that are proposed in this bill to be set up for doctors, and the set-up generally for doctors that they are preparing here for these Veterans' Administration hospitals, I think, are ridiculous. If you investigate you will find out that you cannot get, in any kind of an organization, a real doctor for that kind of money. If you do get a doctor for that kind of money I will say to you, and I will say to you very frankly, that he is not a doctor, he may be a good cobbler or shoemaker, but I would not want him to treat me one way or the other.

Mr. Chairman, I believe, and I think it was advocated here this morning by the representative of the Veterans of Foreign Wars, that these salaries should be materially increased throughout the entire set-up. In the past there has been not only no incentive for doctors of any standing to come into the Veterans' Administration unless during the World War it was then done simply and purely from a patriotic standpoint, but they had nothing to look forward to, there was no future in store for them, there was no retirement pay in connection with it, there was no advancement. I have known of doctors to be in the service of the Veterans' Administration, and know some of them who have been there for 20 years and who are working for the same money that they were when they started. You cannot get a doctor that really is a doctor, and get them under these conditions. They simply will not go in there under those conditions.

Mr. SCRIVNER. That difficulty might be solved by some method, the same method that they have in the Army, for instance, of giving them an automatic increase for each period of time that they are there, just as the Army does.

Captain HALEY. That might be something that would help.

Mr. SCRIVNER. Like longevity pay, so, while they may not be in a position to obtain a permit or qualify as a specialist, yet, after they have been there 30 years they would get an increase in pay which would be commensurate with the years of service that they have put in.

Captain HALEY. Well that may help some, although they may not go to a higher title, they would get the money, that is the important thing, they would get the money.

Mr. SCRIVNER. Just the same as if a man stayed in the Army as a captain that long, he would still get a 50-percent increase.

Captain HALEY. I do not know just what is in this bill. I have not had the opportunity or the time to read it and digest it thoroughly. Of course, I have gone over it. I think you would have to go over it probably a great many times, some of these things, those of us that are rather dense would have to reread it and reread it and reread this thing again in order to understand what it means. But I do know from general discussion, and from some of these rather meager discussions that I have heard on this matter that there is certainly a chance for plenty of changes and improvements and amendments, as a gentleman said here this morning, "This bill will probably need rewriting."

Whatever you do with it, rewrite it or what not, there is only one thing about it, that the principle of this bill is what we, as an organization, want. We find no fault that there should be such an organization within the Veterans' Administration, and I hope that by

the time this bill has gone through the machinery, and it has been gone over by this committee, in executive session, and reconsidered, and what not, that we will get the bill passed—and ultimately that the salaries and other items in this bill will be increased properly, and certainly we will still be in favor of such a bill, that is, the principle of this bill, and the hope of this bill, and the title of it, the title I do not think could be improved upon at all, but there are other improvements that I think, by this same token, can be made. That is about all I have to say.

The CHAIRMAN. Thank you very much, Captain Haley.

Mr. DOMENGEAUX. This salary proposition apparently is a very important feature of the bill. Do you not think possibly we ought to have some outstanding doctors who are informed on this matter give us their ideas? I do not know whether doctors should get \$20,000 or \$10,000 or \$5,000 or \$2,000.

The CHAIRMAN. Mr. Domengeaux, I am sure that if you would ask them, they would give you a rather high salary.

Captain HALEY. Mr. Chairman, there is one other observation which I would like to make, which I omitted. May I have your permission to do so?

The CHAIRMAN. Yes. You may proceed.

Captain HALEY. It is in reference to the civil service as it applies to these doctors. I heard considerable discussion this morning, as a matter of fact, I thought at one time there that it was a civil service plan that was being discussed instead of the Veterans' Administration, or this special medical and surgical corps. As I understand it, at the present time doctors in the employ of the Veterans' Administration are on a civil-service status, and that further, irrespective of how bad or how indifferent, or what not, a doctor may be, the Veterans' Administration would not have the right to discharge or fire this doctor. Well, I think of course, a doctor could be fired even though he is under civil service, but you have got an awful road to travel there to get a man like that out of the service, if he wanted to give you a battle. If this bill gives the Administrator that right to get rid of the incompetent, unsuitable doctor in the Administration; then I say this bill should be passed and the bill as passed should include such a clause in it. Now, as I further understand it, and if I am wrong I want to be corrected, if this bill is passed as it is now, it divorces the medical profession from the civil service. Am I correct in that essential?

The CHAIRMAN. That is quite true as to new appointees. You are correct.

Captain HALEY. Of course, I hold no brief for the Civil Service. I have had too much trouble with them over a period of 18 years or more; I have battled them quite often. I never did quite understand why a professional man such as a doctor—there might be other professions, with all apologies to all of the lawyers on this committee, it might be well to keep the legal members of the Veterans' Administration under somewhat the control of the civil service, but I do think a medical man is simply in a class by himself. And I think it would be just as well if he had never been in it at all. That is my personal opinion and understanding, and I do not know what my organization might think about that, but I am just giving you that as my personal idea.

The CHAIRMAN. Thank you. Off the record a moment.

(Discussion off the record.)

STATEMENT OF MILLARD RICE, REPRESENTING THE DISABLED AMERICAN VETERANS' ASSOCIATION

The CHAIRMAN. Mr. Rice, do you want to make a brief statement at this time?

Mr. RICE. Yes; I would like to say to you, on behalf of the Disabled American Veterans, the Veterans of Foreign Wars, the American Red Cross, and such other organizations—as I say, it includes the American Red Cross—they are now up against a very different situation that is being imposed upon them by reason of the issuance of a service letter of the Administrator of Veterans' Affairs to the effect that no regional manager or field manager of the Veterans' Administration who may be required, because of the needs of the expansion of the Veterans' Administration to lease additional office space, that he may not take into consideration the needs of the staffs of recognized service organizations in doing so. That means therefore that, with the expansion, they will have to be separated into two parts, one to remain as the hospital and then the regional office; when that is done, and these facilities have to be moved into a new building, when such a separation is made between the hospital and the office, it would not be possible for that regional manager to leave space sufficient to provide suitable space and office facilities for a recognized service organization that we have had in the past. This has come up very largely by reason of the proposed expansion.

The CHAIRMAN. Let me ask you, Are you in favor of this bill, H. R. 4134, as written?

Mr. RICE. We believe it ought to be amended because merely "staffs" would not be adequate, Mr. Chairman, and it ought to be amended.

The CHAIRMAN. I sent this bill down to the Veterans' Administration for a report on it, and that report, I do not believe, has come in as yet.

Mr. RICE. I think the bill ought to be amended. The Administrator of Veterans' Affairs is further authorized, in his discretion, and under such regulations as he may prescribe, to furnish at the expense of the Veterans' Administration adequate office space, equipment, and stenographic and clerical assistants for the use of full-time representatives of such organizations. I think that is the amendment that should be put in.

Mr. SCRIVNER. Is that not going a little far?

Mr. RICE. May I point out what the present situation is, the situation now?

Mr. SCRIVNER. I know what it is. I am familiar with it.

Mr. BENNETT. I am not familiar with it. Will you let him tell me?

Mr. RICE. There are different organizations that have recognition through the Veterans' Administration, and there are anywhere from none to probably six or seven that have full-time representatives serving various regional offices, depending upon their size. The DAV has a full-time representative in nearly all of the regional offices, and three or four national service officer directors or trainees, rather—incidentally, may I call your attention to the fact that in connection with this hearing that we have six of those national service officers who appeared before the committee on handicapped with reference to the difficulties with regard to obtaining prosthetic appliances such as ar-

tificial arms, artificial legs, and things of that character for the veterans. These trainees, after they have passed their academic training at the American University, are then sent out for further training in the field, in the direction of service officers, until they make sure that they receive adequate training and instruction, and they know what they are going to do and how to do it.

The CHAIRMAN. Mr. Rice, if these organizations that demand recognition continue to increase, we will probably have to have ultimately a situation where we will build an annex for the Veterans' Administration, and the main building will be occupied by these various organizations.

Mr. RICE. It could be, if it were unwisely administered, but the organizations that are presently in the field are small in number, and they are well recognized.

Mr. SCRIVNER. If you are going to go to the extent of asking for office equipment, stenographic and clerical assistance, why not ask the Veterans' Administration to pay the salaries of these men, and cover the entire proposition?

Mr. RICE. For one good reason: Because then they would no longer be independent people, they would be governmental employees.

Mr. SCRIVNER. That is what I am getting at.

Mr. RICE. That is not true as to the present set-up.

Mr. SCRIVNER. Does not the DAV have some representation? I am familiar with that myself. I know something about the DAV. I have been a past commander of the DAV, of the American Legion, and I belong to the Veterans of Foreign Wars, and we have sold, and honestly sold the organization on the fact that we are serving the veterans. That is what you are doing, selling a service.

Mr. RICE. That is quite correct.

Mr. SCRIVNER. When you come to the point of asking Uncle Sam to furnish these things, you are not selling that then any more are you?

Mr. RICE. Our own organization, to take one as an illustration, is now being furnished with a stenographer in about 30 regional offices, and that has been true in those offices from about 1921 on, depending on what offices they are. The date will vary somewhat with the various offices. I served in one of those for some time in Minneapolis and I know that the fact that a stenographer was furnished to me as a service officer for a veterans' organization did not affect my independence or independence of judgment or my opportunity to be of service both to the servicemen and to the Government. On the other hand, I dare say that practically all of the service officers that have been sent out on full time, take the place of 3 to 10 Government employees. The Government does not lose money by this proposition.

Mr. SCRIVNER. Having the cases properly prepared and presented will undoubtedly save a lot of time and expense to the Government.

Mr. RICE. It will and it does.

Mr. SCRIVNER. But there is a limit to which you can go and still maintain your independence, and still maintain that it is your organization.

Mr. RICE. I think that is very true.

Mr. SCRIVNER. It seems to me that it is your organization that should furnish this service to a certain extent, and I suppose the problem is to determine the extent to which it should be furnished.

Mr. RICE. I think that is a good point. We feel that the extent we have suggested here is the proper point.

Mr. SCRIVNER. Mr. Rice, now, I have seen the CIO in particular appearing around here, and if that should result in their asking for a representation with offices and so forth furnished to them, do you want them to get the same facilities?

Mr. RICE. You will notice the Administration has selected the ones that it will recognize.

Mr. SCRIVNER. I am wondering if this bill would come in here, if it would not allow them to come in also. I think the Government would have to be impartial about the thing.

Mr. RICE. I do not believe that the CIO or the AFL should attempt to establish veterans services around, nor do I believe that any church groups or any other groups founded upon an economic basis, or a religious basis, or a racial basis, should do so, but I do think so far as recognizing veterans' organizations such as the American Red Cross, and the other established veterans' organization that we should have cooperation and coordination because we serve infinitely more than it costs the Veterans' Administration for us.

The CHAIRMAN. I think the conflict here will not be on that, but on the extent and the amount, as the gentleman from Kansas has brought out.

Mr. RICE. There will be some difficulty, that is true.

Mr. CUNNINGHAM. As I understand your proposition, where there is a regional office and a hospital combined, and they move the regional office to another part of the city, they may want to have a set-up in both the hospital and the regional office.

Mr. RICE. No; that is not the difficulty, Mr. Cunningham.

Mr. CUNNINGHAM. You are entitled now to have one in each hospital?

Mr. RICE. That is not the point either. There is now no local authorization that permits the Veterans' Administration, in a legal sense of the word, to grant space or office facilities or equipment or stenographers or assistance to any of the veterans' organizations in any of these hospitals or regional offices throughout the country. There is no legal authorization for that, either national or local.

Mr. CUNNINGHAM. There is the GI bill of rights, is there not?

Mr. RICE. That is only for Army hospitals, and not for Veterans' Administration hospitals or offices.

Mr. CUNNINGHAM. The GI is entitled to that so far as the Army and Navy is concerned; I have been out in hospitals and I have seen your service officers out there.

Mr. RICE. That is not correct, Mr. Cunningham, I am sorry to disagree with you there, but you have been misled by what you saw.

Mr. CUNNINGHAM. They tell me that they are out there as the result of the GI bill of rights, some of your own men have told me that. I have seen your servicemen out there.

Mr. RICE. Then they are mistaken about it, because we have had that space for the last 24 or 25 years, not because of the GI bill of rights. They did authorize the Army and Navy hospitals to give space for the various service officers that have been recognized by the Veterans' Administration, but gave no authorization to the Veterans' Administration to do so. They have done so without legal authorization

during all of these years. The question came up in a local case when one of the regional officers put in this question as to whether they had the right to rent 10,000 square feet for the purpose of furnishing space, and in an informal opinion of the Solicitor—it was not formal—he indicated that they had better not submit that question to him for a formal opinion because he might have to rule on it in the negative, and even if it got to the Comptroller General it would likely be turned down as an illegal payment.

Therefore, they said as to the space already provided it will not be taken away, that will be in the discretion of the regional manager; but as to the additional space the managers may not be permitted to evaluate space that may be required for veterans' organizations. There is a little bit of reading or perhaps we should say writing between the lines that each regional manager may say that we will have to expand over the next 2 years to this extent, and in the meanwhile we may use it for that purpose, but that may not be permitted; that is, they may not be permitted to lease additional space purely for veterans' organizations. For instance, in Lyons, N. J., which has opened a facility which they propose to split up into the hospital at Lyons, and the regional office at Newark, N. J., when that space is rented in Newark, N. J., the chances are the manager will say to our organization, "I cannot give you any space." We will face a difficult situation, because if we have to have a space anywhere from a mile away or a half mile away or even across the street, it makes it exceedingly inconvenient, and they cannot render proper service. The DAV, the American Legion, the Veterans of the Spanish American War, the American Red Cross, in behalf of all of those we respectfully point out that we have, respectively, been given the right to speak before the Veterans' Administration, and they have been authorized to extend to them certain rights, and they have done so for a long time. I do not believe that their full-time men, 10, certainly in the largest office, more than 10 full time in the first office, probably in New York City, I doubt if it is that much, although it was stated by the Administrator that there are 78 recognized men in 1 regional office; I believe they are not full time, most of them are part-time men. And this would only give authority to provide space and equipment and stenographers and assistance for the use and aid of full-time representatives. Now our own organization has long been associated and has stenographic assistance and facilities in about 30 regional offices. We have office space. We have office space in there, and unless we have the office space, unless we have the stenographic assistance, for our own particular men, we cannot give the service that we should to those veterans. Some of the regional offices such as Oklahoma, they have a regional manager, and he does not have any space, and we pay him a full salary.

The CHAIRMAN. We are not passing on this question, at any rate, until we get the report from the Veterans' Administration. We cannot settle it now.

Mr. RICE. I was in hopes that you might be able to do so. We have a national convention in a few days, and I would not like to embarrass General Bradley.

The CHAIRMAN. We will not pass on it until we get the report from the Veterans' Administration, naturally.

Mr. RICE. Can that be expedited some way. Is there not some way it can be expedited?

The CHAIRMAN. I do not know, but it will be taken care of, and if you desire to extend your remarks I will be glad for you to do so, and we will take this up in its regular order, but we cannot pass on it until we hear from the Veterans' Administration, and we have not received that report as yet.

Mr. RICE. If you are going to take it up subsequently, I would like to present a more comprehensive statement.

The CHAIRMAN. It will not be passed upon until that time. Besides there are some other veterans' organizations that want to be heard on it, and they cannot be heard today or this week.

Mr. RICE. Very well, sir.

The CHAIRMAN. So I think we cannot do any more on it today. I am very glad to hear from you, and to get your views. It is unfortunate that we cannot go forward today, but we simply cannot.

Mr. RICE. I think it will embarrass General Bradley not to have it passed upon right away.

The CHAIRMAN. I have not received the report from the Veterans' Administration. I do not know why. The other veterans' organizations want to be heard, it is a very important question, on how much space we are going to be able to get in these various veterans' hospitals and regional offices. We have an Administrator that is new to this job, and he has some idea of his own, and we will have to consult him, of course, and we want his report on the bill. I am sure you agree to the wisdom on that.

Mr. RICE. Of course, and properly so. May I say this, though, that the representatives of the Disabled American Veterans, the American Legion, and the Veterans of Foreign Wars, and the American Red Cross, at least, have been in conference since this matter came up and all feel that it is a matter of very, very pressing importance, because some of this additional space, office space, may be approved and provided for in the next week, and they cannot make plans accordingly, and it just makes it very, very embarrassing, so it is a matter of very pressing urgency.

Mr. PICKETT. I understand what you are seeking here is permission to get the Veterans' Administration to let you have office space, in these additional facilities.

Mr. RICE. That is right.

Mr. PICKETT. If you have space in here you can use it anyway, but what you want is to get space in these new facilities where you do not have space at the present time?

Mr. RICE. We do have suitable office space with stenographers and assistants in 30 of the offices, and we would not lose that, even if this legislation should come out of this committee as indicated. However, as to the new facilities we cannot get stenographers furnished, and we will have to go along the best we can, although we would like to give the same kind of service that we have before, and we would like to get the same kind of service in all of the offices that we have had before.

Mr. PICKETT. Is there some legislative enactment which permits the Veterans' Administration to say that they may let you have this

space as a matter of courtesy? Or, has it simply been as a matter of courtesy on their part, not by virtue of legislative enactment?

MR. RICE. It has been by courtesy and not by benefit of legislative enactment, because we have persuaded them that they save so much that the saving is more than equivalent to the amount of time and expense that they have to go to.

MR. ALLEN. What is the answer when your space is so limited? In Alexandria, La., we are trying to set up a State office. We have worked very hard to get space, and the American Legion, who have a building there, have agreed to rent us their building. They are going to rent that to the Veterans' Administration. It will cost several thousand dollars to remodel the building. Local citizens are going to pay for that. It will not cost the Government anything. I am just wondering—I am not opposing it, but I am just wondering what they will say if we undertake to fill up that building with a lot of service offices of the various service organizations.

MR. RICE. May I be permitted to remind you that if the Veterans' Administration does not furnish this office space and these facilities, then, and in that event, I can say to you—this is not a threat, it is a fact—just as surely as they do not furnish this space to these representatives, they will have to have many more of the regular Government representatives, and several times over, to take the place of it, because then we will have to come up to have a discussion, and look through the files, and it will require many times over the space that we will require.

MR. ALLEN. Your position is that you are making a contribution that more than offsets your expense to the Government?

MR. RICE. It more than offsets the time, saves time, space, everything; and if one of our service officers does not do that, he can no longer continue to act as service officer so efficiently as he has in the past. We expect to save that time, as the regional managers time after time have attested, and it is attested to that effect by General Hines. He himself has said that.

MR. ALLEN. It is greater in the field than it is in the hospitals?

MR. RICE. We do not have them in the regional hospitals. We have them in the regional offices.

THE CHAIRMAN. There is a need for a contact with these men out in the field? These men out in the field that do not even know what their rights are, they should have someone who is able to tell them.

MR. RICE. I think that there should be, also. We do that. We have them out there. We have service officers in these regional offices also, and when a man comes in, they are able to look over his claim, and they are able to evaluate his claim, and if the man has to look through the claim folder, he can tell him what is there, and what is not there. We want to have a man who is available to look through the claim folder. He cannot do that in the field, and without that the Veterans' Administration would be forced to the necessity of a lot more correspondence.

MR. ALLEN. Do not most of the States have service officers who are paid by the States themselves?

MR. RICE. Yes. Would you like to have me tell you about that function? It is done mostly by correspondence. That particular thing is conducted very largely by correspondence.

Mr. SCRIVNER. I do not think there is any question but what the service officers, being your service officers, perform a service which more than compensates the amount of money that may be expended by the Government in their behalf. I do not think there is anyone who will deny that.

Mr. RICE. I think that is true. I am merely trying to answer these additional questions.

Mr. ALLEN. I know that our State service officers down home are paid by the State, and they go to every town. They put a notice in the local paper, "I will be there on a certain date," and everybody that is interested comes down and sees the man.

The CHAIRMAN. He acts somewhat as a Congressman in that respect?

Mr. ALLEN. To a certain degree, yes. He tries to take care of any problems that may be facing them at that time.

Mr. SCRIVNER. If you have a good service officer in there, you do not have to have so many employees engaged by the Government?

Mr. RICE. That is quite correct. They take care of a great many of these things.

The CHAIRMAN. We will take this up, Mr. Rice, but we will not be able to pass upon it until we hear from the Veterans' Administration. I am sure you can appreciate that.

Mr. RICE. I want to thank you for the opportunity of presenting this.

The CHAIRMAN. We are always glad to hear from you. As soon as we get all the facts in, we will see that it gets attention at once.

Mr. BENNETT. I have a witness, Mr. Chairman, that I would like to call, if I may.

The CHAIRMAN. How much time will the witness take?

Mr. BENNETT. Not very long. It should not take more than a few minutes.

STATEMENT OF DR. RALPH L. FISCHER, PROFESSOR AND PRACTITIONER OF OSTEOPATHY, AND HEAD OF THE DEPARTMENT OF OSTEOPATHIC MEDICINE IN THE OSTEOPATHIC HOSPITAL, PHILADELPHIA, PA.

The CHAIRMAN. Doctor, will you give your name for the record, your title, and your residence?

Dr. FISCHER. My name is Dr. Ralph L. Fischer, professor and practitioner of osteopathy, and head of the department of osteopathic medicine in the Osteopathic Hospital at Philadelphia, Pa.

The CHAIRMAN. Proceed, Doctor.

Dr. FISCHER. It has been suggested, I understand, that if osteopathic physicians are appointed to the Medical Corps, the doctors of medicine may refuse to cooperate with the Veterans' Administration. To boycott the Government would be bad enough, but the idea of boycotting the disabled veteran if he is furnished the services of doctors of any school of medicine other than that represented by M. D.'s, is a bill of goods which no one can sell the Congress, the medical profession, and least of all the disabled veterans. In my experience, if the professional organizations let the doctors alone, the doctors of

medicine and doctors of osteopathy would get along all right. Most of this friction talk is a bugaboo and a red herring anyway.

Surgeon General Hawley testified before this committee the other day that a physician in whom the veteran has no confidence is worse than no physician. Many veterans place their confidence in osteopathic physicians and surgeons. Their family physicians had been doctors of osteopathy before going into the service. Many of them are not getting the relief they know they could obtain if osteopathic services were available. Such of those as are ambulant cases leave the Government hospitals and obtain osteopathic services at their own expense. We submit that it is grossly unfair to these veterans not to appoint osteopathic physicians to the Medical Corps and assign them to the veterans' hospitals for their treatment.

Another factor to be considered is that these 10 or 11 million veterans will be returned to the farms, villages, and small towns, as well as the large cities, where veterans' facilities are not accessible. They are entitled to out-patient treatment. In several hundred of such communities the only available doctor is an osteopathic physician. But the Veterans' Administration will not authorize the veteran to go to one of these physicians because he has a D. O. degree, rather than an M. D. degree, even though he is licensed under State law to render the services involved. Veterans of the last war are still trying to get authorizations to go to doctors of osteopathy, but cannot. I am told that one regional director who gave some such authorizations in spite of the regulations, was told by the Veterans' Administration that if he gave any more he would be obliged to pay the doctor out of his own pocket. We submit that pending legislation should make it clear that the veteran may have out-patient treatment by licensed doctors of osteopathy.

Now, Mr. Chairman, I should like to address myself to the question which I understand has been raised here, as to whether osteopathic graduates are properly trained to serve in the medical corps, in veterans' hospitals, and to render out-patient treatment as the case may be. The best way I know to proceed is that I briefly describe the training institution with which I am associated, and which is typical of the other five colleges of osteopathy and surgery that are recognized by the American Osteopathic Association. To begin with, a student must have satisfactorily finished a minimum of 2 years' preprofessional college work in an accredited college of liberal arts. He then enters on a 4-year professional course, the subjects in which closely parallel those in the medical school. The first year is chiefly devoted to "basic sciences." The second year "basic sciences and beginning clinical subjects." The third year "clinical" including academic lectures and demonstrations as well as service in the out-patient clinic. The fourth year "clinical" consisting of a lesser number of academic lectures and demonstrations, a greater number of hours in the out-patient department and regular service in the hospital wards. The teaching hospital of the college has 110 beds where cases including all forms of disease and injury are hospitalized. Connected with the hospital is a clinic which is patronized by several thousands of patients annually. A number of our graduates intern in the hospital for a year or more. Our graduates take and success-

fully pass the same examination in all the subjects given to medical applicants before the same State medical examining boards in a number of States, evidencing that our institution is geared to training physicians in all branches of the healing art, as a complete school of medicine.

Now, Mr. Chairman, I have a brief outline of questions and answers which I would like to submit for the record. I will be glad to answer any questions you may desire to ask.

The CHAIRMAN. You are a practicing osteopath?

Dr. FISCHER. Yes; I am a practicing osteopath.

The CHAIRMAN. Where were you educated?

Dr. FISCHER. At Philadelphia, Pa.

The CHAIRMAN. Where did you receive your technical training?

Dr. FISCHER. I was educated at the Philadelphia College of Osteopathy.

The CHAIRMAN. Do you have a medical degree?

Dr. FISCHER. I do not have an M. D. degree; I have a D. O. degree, standing for doctor of osteopathy.

The CHAIRMAN. A great many of your men do have an M. D. degree?

Dr. FISCHER. There is a percentage; I would not say it is the majority.

The CHAIRMAN. I did not say it was a majority; I said there were a great many.

Dr. FISCHER. That is correct.

The CHAIRMAN. I was just asking for information.

Dr. FISCHER. I am glad to give you any information I possess.

Mr. CUNNINGHAM. Do you have a basic science law in Pennsylvania?

Dr. FISCHER. No, sir; we do not have a basic science law in Pennsylvania.

Mr. CUNNINGHAM. In the States that have a basic science law that means that a man admitted to the degree of D. O. and to the practice of osteopathy has to have the higher basic training, a higher basic training, in fact, than the States that do not have it; does it not?

Dr. FISCHER. There are 20 States, I believe, in which there is a basic science board. In the States which require a medical doctor to pass that board, the osteopathic physician must also pass it. The same studies for the basic science board examination or the degree of M. D. apply also to the D. O., because of the refinement of their training in the basic science, however, there is some differentiation made there. In other words, some of those studies are distinguished because of the refinements in their training. It would not apply to one as it would to the other.

Mr. CUNNINGHAM. Some States have basic science laws that require those who enter osteopathy to have the same basic training in science that the M. D.'s have, including 2 years of premedical work; it is to that I am referring.

Dr. FISCHER. That is quite correct. You are correct in that statement.

Mr. CUNNINGHAM. How many States have that law; it is about 20, is it not?

Dr. FISCHER. I do not believe it is 20. I believe it is considerably less than that, less than half of that.

Mr. CUNNINGHAM. Oh, yes. I was thinking of something else. It is about eight of them, I think.

Dr. FISCHER. I do not think I can answer that accurately.

Mr. BENNETT. Dr. Fischer, I would like for you to tell me about osteopaths with respect to surgery and surgical treatment, and the treatment of venereal diseases, and the use of these new drugs such as penicillin, and things like that.

Dr. FISCHER. Mr. Bennett, to make a very brief statement in that connection, in respect to surgical management of patients, our graduates are trained equally as well as the graduates of any old-line schools. We have internships in our hospitals wherein our men receive training under certified surgeons. There are also residences in our hospitals which are devoted to continuing the doctor in his training in the surgical field. You asked a question about venereal diseases. We have in our institutions long recognized the whole question of venereal diseases, and we have clinics, well-organized clinics, which have been acquainted with the problem of venereal diseases and have handled them for several decades as a regular part of our college courses, and our college courses are so organized to include all material in connection with that.

Mr. BENNETT. How do those clinics stand with the Public Health Service?

Dr. FISCHER. The clinics in Philadelphia are approved, and during the course of the war they were one of the places that used penicillin when it was indicated. The osteopath understands how to use penicillin when it is indicated. As a matter of fact, when penicillin was being obtained with some difficulty, our hospital was a supply depot for its community, the same as the other hospitals in Philadelphia.

Mr. BENNETT. I know that they do certain things out in Missouri where osteopathy was originated, but I do not know how they do in your State. What kind of hospitals do you have for veterans in the city of Philadelphia, and also what kind of hospitals do you have in the matter of internships for your interns?

Dr. FISCHER. We intern in general hospitals in Pennsylvania; it is necessary to be in a general hospital with a rotation of services.

Mr. SCRIVNER. Doctor, I am curious about one thing; it is quite apparent from the information which I have, and which the public has, that there will be a rather heavy load of neuropsychiatric cases. What has been done for the observation or study of them, and what information do you have as to the effectiveness of osteopathic treatment of these mental conditions, or nervous conditions?

Dr. FISCHER. I believe, Mr. Congressman, that we have something to offer over and above and in addition to the regular recognized academic treatment of these diseases. To begin with, there is no drug for these states. As the name connotes, a neuropsychiatric is one whose nervous system has become deranged to the extent that it affects his mental condition. The basis of our treatment and the results we have obtained with our treatment differ, of course; but I have been able to obtain a direct picture of that treatment on these neuropsychiatric cases, and we have been most successful in the treatment of them; I should think startlingly so. In our institutions that are devoted to the care of neuropsychiatric cases they compare very favorably with the results which are obtained by the

old-line medical treatment, and the facilities that are available there are the same as in similar institutions. I think that we have something to offer these people that they cannot get any other way.

Mr. CARNAHAN. What is your opinion of the electric-shock treatment?

Dr. FISCHER. I beg your pardon, I did not quite follow your question.

Mr. CARNAHAN. I was asking you for your opinion of the electric-shock treatment in the matter of neuropsychiatric cases.

Dr. FISCHER. I am not qualified to express an opinion in that regard. I will say this—that neuropsychiatrics—It is something that we have recognized; and our staff have availed themselves not only of electric treatments but also of insulin shock and metrazol and the various other methods of shock treatment and shocking systems upon which electric shock is based, and they have done very well with them.

Mr. DOMENGEAUX. What technique do you employ that is a different technique, or do you employ the same techniques?

Dr. FISCHER. In osteopathy we have developed a manipulative technique which has been developed and was basically founded by the osteopathic school of medicine. It is chiefly manipulative.

Mr. ALLEN. Do you give any medicine at all? I am asking purely for information.

Dr. FISCHER. Yes. Medicine is used, as I mentioned before, Congressman, and we do use penicillin under the circumstances in which it is indicated. Under the authority and by the approval of the United States Public Health Service, we have used various anti-syphilitic drugs, and we use anesthetics, and we also use opiates and other forms of depressants for patients upon whom we have to surgically operate.

Mr. ALLEN. Do you use any medicines generally?

Dr. FISCHER. Of course, medicine to me means a process of healing; do you mean drugs?

Mr. ALLEN. Yes; drugs.

Dr. FISCHER. We discourage the use of drugs where other methods will be effective.

Mr. ALLEN. Do you use surgery also?

Dr. FISCHER. Yes; we do use surgery.

Mr. ALLEN. You have no hesitancy in using that?

Dr. FISCHER. No; we do not have the slightest hesitancy in using it where it is indicated.

Mr. DOMENGEAUX. What type of surgery do you utilize?

Dr. FISCHER. We utilize all types of surgery.

Mr. DOMENGEAUX. I thought that your profession was exclusively that of manipulation.

Dr. FISCHER. No; indeed. No; it is not.

Mr. BENNETT. In 30 States osteopaths are licensed to do major surgery.

Dr. FISCHER. Surgery, as in the medical profession; yes.

Mr. BENNETT. That is the whole point—these people both do surgery; and surgery is the same whether it is done by an osteopath or by the medical doctor.

Dr. FISCHER. Whether it is done by allopath or an osteopath.

Mr. DOMENGEAUX. He could cut out a kidney stone, for instance?

Dr. FISCHER. Yes; or he could remove the kidneys, as the case may be—a kidney.

Mr. CARNAHAN. Is there anything that any M. D. can do that—that is, for a patient—that you would be prohibited from doing?

Dr. FISCHER. I do not understand the question.

Mr. CARNAHAN. I would like to know if there is anything that an M. D. can do for a patient that an osteopath would be prohibited from doing for a patient.

Dr. FISCHER. That would depend entirely on the State law. In a great many States the law is unlimited, and we can do anything for the patient that any other doctor can do.

Mr. ALLEN. I am curious to know this, therefore I will ask you this question: Suppose you perform a major operation on a person. You perform the operation—and you go into the operation, and you see probably that you have got to use some drugs, maybe. Where do you draw the line? I am asking solely for information, because that is a question that I know—as you can see—I know nothing about. Where do you draw the line? Do you give the man the drug if your experience shows that he has to have it, or what happens?

Dr. FISCHER. The condition of the patient dictates exactly what our policy shall be.

Mr. BENNETT. Doctor, your treatment is surgical to a certain degree, and is your surgery from an osteopathic standpoint just the same as it would be for the ordinary medical doctor?

Dr. FISCHER. Mr. Bennett, we think it is better, because we think we can prepare the cases for surgery a little better, and we think we can bring them out of the anesthetic and get them well a little quicker. The technique of surgery is uniform, of course.

Mr. DOMENGEAUX. What contribution has your profession made to the advancement of the science of surgery?

Dr. FISCHER. I do not know—as I understand your question—whether I can tell you very much about that; but if you mean if any operation that has been outstanding, I do not know that I can refer to any, but one, which has been perfected by one of our surgeons, an operation upon the rectum, for certain diseases of the rectum, but surgery is not my field, and I perhaps am not qualified to answer your question completely. Someone in that field would be able to tell you more about it, of course.

Mr. ALLEN. Would it be intended that if this provision should be included in this bill that the work in the hospitals would be along the line of manipulation that the average layman has in mind or would it also include surgery and other fields of medicine?

Dr. FISCHER. I think that it would include—probably would include—the things which the director of the hospital would direct our man to perform.

Mr. DOMENGEAUX. I appreciate that; but would the practitioner exclude himself to that portion of the practice pertaining to manipulation, or would he also do surgery?

Dr. FISCHER. It is pretty difficult to limit a man's ability in taking care of the sick.

Mr. DOMENGEAUX. Speaking for the profession—pardon me, sir—is it intended that these doctors who may be employed would also practice surgery in the hospital? I am speaking about your profession.

Dr. FISCHER. Yes; I think that he would do the surgery he is qualified to do, just as a capable medical surgeon would. He is certified to be a specialist in surgery, and he is accredited by our national association.

Mr. ALLEN. And also he would be able to do dental work?

Dr. FISCHER. No; that is work for the dental surgeon. That is a specialty.

Mr. ALLEN. I know that is the work of the dental surgeon, but pulling a tooth is not limited. I understand it is not medicine, but would an osteopath be, or not be, permitted to pull a tooth, or to make an inlay, or whatever you call it?

Dr. FISCHER. I think not. That is in the field of dentistry.

Mr. CARNAHAN. Is an M. D. permitted to do that?

Mr. BENNETT. Not unless he has a dental degree and is qualified in dentistry.

Mr. CARNAHAN. You mean, a doctor could not pull a tooth?

Mr. CUNNINGHAM. They do in Louisiana.

The CHAIRMAN. I want to ask you a question about the matter of surgery; you spoke of the technique in surgery as being uniform.

Dr. FISCHER. That is correct, sir.

The CHAIRMAN. What do you mean by that, Dr. Fischer?

Dr. FISCHER. I mean, if a person has a broken arm, it has a uniform treatment, and that uniform treatment is to place that broken arm at rest by means of a splint or a cast. If a man has diseased or abscessed appendix, it is uniform treatment to make an appropriate incision and separate the muscles properly of the abdomen and remove the abscessed appendix; those portions of surgery are uniform.

The CHAIRMAN. How far does that uniformity extend in the technique of surgery? I am not a surgeon; I am the son of a surgeon, but I am not one myself. I am asking for information. How far in the field of surgical operation does that uniformity exist?

Dr. FISCHER. I would say it is very extensively uniform, our men study the textbooks that are studied at the regular old-line medical schools, and our men attend clinics given by doctors of medicine, and medical surgeons; and a man who is from the Middle West will attend clinics in the Middle West, and he will adopt their techniques; a man in the East will attend surgical clinics in the East, and he will adopt the techniques in the East. They may differ, one from the other, but it would be, for the community, relatively uniform. Differences would be more or less geographical in their nature.

The CHAIRMAN. What percentage, would you say, of the surgical operations would follow uniform technique?

Dr. FISCHER. I do not know that I am qualified to answer that. It would be just a guess, sir, but I would say 90 percent to 95 percent.

The CHAIRMAN. There are some exceptions.

Dr. FISCHER. The exceptions would depend on the surgeon, whether he would care to hold them or whether he would develop some techniques of his own.

The CHAIRMAN. Suppose we take the matter of a delicate brain operation—that would be one of the most delicate operations that we would have—do you do any of those?

Dr. FISCHER. Yes, sir. Brain operations are done in our hospitals.

The CHAIRMAN. Would you say that that technique is also uniform?

Dr. FISCHER. That technique depends entirely upon who is trained

and who has trained that particular surgeon. One man may have been trained at an institution in Baltimore, and he will observe the technique that is recommended; another man may have been trained in New York, and he will use the technique that is used there.

The CHAIRMAN. For instance, I have seen where there have been instances of some astounding operations performed on the human eye, perhaps the most delicate mechanism of the human body; would you say that that technique is uniform, or that it is an individual development of the practitioner—something which is developed on the part of that particular surgeon?

Dr. FISCHER. I think, sir, I know what you are asking about in the way of technique being uniform. There may be slight modifications, but the individual operation will be performed in each instance with a slight variation on the part of the person who is doing it, but the technique of the operation, in general, is uniform. There are things that need to be done, and those necessary things are done.

Mr. CUNNINGHAM. There is one question that I would like to ask you here: I do not know whether this is an appropriate point or not, but I would like to ask you this: Supposing this bill were amended to permit doctors of osteopathy to go into veterans' hospitals and be on the staff, and they would be taken on the staff; once they are on the staff, just what work would they do for the G.I.s, or would they wait until some G.I. called for them, or would they expect to do some work, the same work that they have been doing right along?

Dr. FISCHER. Of course, we had not thought of that particular problem; we had been interested chiefly in the veterans who had asked for osteopathic care and have been unable to receive it.

Mr. CUNNINGHAM. If they were put on the staff, it would be your idea that you would just stay there and wait until a patient asked for you, otherwise do nothing?

Dr. FISCHER. I think our men could very well be used to advantage in any of the services in general.

The CHAIRMAN. Are there any osteopaths in the veterans' hospitals?

Dr. FISCHER. There are some; yes.

The CHAIRMAN. Are they in there as osteopaths?

Dr. FISCHER. Some of them are in there as technicians of various sorts.

The CHAIRMAN. Are they practicing osteopathy.

Dr. FISCHER. They do not do so officially.

The CHAIRMAN. Officially, they do not?

Dr. FISCHER. No; officially they do not practice osteopathy in the veterans' hospitals.

The CHAIRMAN. Do they ask to do any of the work primarily out of the field of osteopathy as distinguished from the usual medical practice—rather, within the field of osteopathy as distinguished from the usual medical practice of an M. D.?

Dr. FISCHER. In the sense perhaps that they would assign someone to a laboratory, or in the sense that they would assign someone to do guard duty, if they did, because they are enlisted personnel.

The CHAIRMAN. They are not used as osteopaths?

Dr. FISCHER. They are not treated as osteopathic physicians.

The CHAIRMAN. As a matter of fact, I noticed in this bill that there is a reference here to physical therapists. That is what brought up the question.

Mr. SCRIVNER. Yes. Mr. Chairman, I would like to ask a question about that.

The CHAIRMAN. Proceed, Mr. Scrivner.

Mr. SCRIVNER. I notice in this bill that there is a provision for 826 physical therapists, you will notice a point there.

Are you acquainted with what is known in the hospital as a physical therapist or physical therapy?

Dr. FISCHER. Yes; I know what you are talking about.

The CHAIRMAN. How does that relate to this problem?

Mr. SCRIVNER. Yes; what is that in relationship to these things? Will you just describe what it is?

Dr. FISCHER. Physical therapy is the use of electrical machines, heating lamps, various whirlpool baths, massage, which is usually done by some person trained for that type of work. In many instances, in our institutions, it is done by a woman. In some institutions it is done by a trained nurse.

Mr. SCRIVNER. Your graduates are all professional men who know the use of these appliances?

Dr. FISCHER. They are familiar with their use; yes.

Mr. SCRIVNER. You include them in your course of instruction?

Dr. FISCHER. Yes; they are informed as to all these things, just like the M. D.

Mr. SCRIVNER. Let us go one step further and get away from physical therapy and go over to the field of the manual therapy, there are no manual therapists listed. They have occupational therapists listed.

Dr. FISCHER. I am familiar with those.

The CHAIRMAN. What is the difference?

Mr. SCRIVNER. Manual therapy is, of course, something which includes the use of the hand.

Dr. FISCHER. I have never heard of manual therapy as such, but "manual" means the use of the hands.

Mr. SCRIVNER. If I am not mistaken, I saw an article in one of the current magazines in which they discussed this matter of manual therapy in certain types of nervous headaches, and it approved of it, as I understand it.

Dr. FISCHER. I am familiar with what you are referring to.

Mr. SCRIVNER. Are not manual therapy and occupational therapy somewhat similar to the techniques used in the osteopathic profession?

Dr. FISCHER. Rather remotely so; it would be somewhat like saying that a butcher and surgeon both use a knife.

Mr. BENNETT. I went through Wadsworth hospital while I was there and saw some of that work being done.

The CHAIRMAN. In connection with manual therapy men work with their hands. Occupational therapy and manual therapy would be somewhat the same thing, apparently.

Dr. FISCHER. That is not precisely in my field, and I would not be able to discuss that too well.

Mr. SCRIVNER. Occupational therapy is the use of the hands in doing certain types of work.

Dr. FISCHER. I think the therapy referred to is best identified as physical medicine or mechanical medicine.

Mr. SCRIVNER. Maybe it is mechanical therapy. I was curious to know how that compared with the techniques that you teach in your schools.

Dr. FISCHER. There is a difference in degree. It is used as a supplementary agency, the use of both the manipulative and scientific energy combined. In other words, we deal with diseases and all of these years we devote a study to the complete understanding of diseases and the application of a scientific type of manipulation under certain circumstances when it is indicated.

The CHAIRMAN. Dr. Fischer, in this bill, as I understand it, General Hawley the other day said that he has the right under this bill to call upon osteopaths if he desired. Is that your understanding?

Dr. FISCHER. I am sorry, Mr. Chairman, I did not follow your question.

The CHAIRMAN. I understood that Dr. Hawley said that under this bill—General Hawley he is too, of course—that he would have the right to employ osteopaths if necessary and desirable. Have you read the bill?

Dr. FISCHER. I have read the bill and I do not think that that is correct.

The CHAIRMAN. I think that is what he said.

Dr. FISCHER. I think he said that, too, sir; but I do not think that that is correct.

Mr. BENNETT. General Bradley, the present Administrator, said exactly the opposite thing the other day. So, we have a direct conflict of opinions as to the matter.

Mr. ALLEN. I think if we can refer to section 21 where he makes reference to the employment of physicians, dentists, and pharmacists and technicians, nurses, and others, it seems to me that that probably would be a correct interpretation.

Mr. DOMENGEAUX. I do not know whether that would do that or not.

Mr. ALLEN. I do not know, myself, under that whether that would include all of it.

Dr. FISCHER. I think that in the case of a physician, as distinguished earlier in the bill, in section 9, as one who holds the title of doctor of medicine, that would be a limitation there.

Mr. ALLEN. I do not think that would include osteopaths.

The CHAIRMAN. Dr. Fischer, would the insertion of the word "osteopaths" take care of your problem?

Dr. FISCHER. I think that if we insert the words "doctor of medicine or doctor of osteopathy" there and over on the next page, page 8, line 3 "being licensed to practice medicine or surgery", because in some of the States our men are qualified to practice osteopathy or surgery at will.

Mr. CUNNINGHAM. I have another question, Dr. Fischer, that I would like to get some information on: I am concerned about the preliminary training of doctors and osteopaths in these States that do not have the basic-science law. Are you a college graduate?

Dr. FISCHER. No; I am not.

Mr. CUNNINGHAM. Did you go into college direct from high school?

Dr. FISCHER. No; I went to academic college. Perhaps I misunderstood your previous question.

Mr. CUNNINGHAM. I take it from that that they do not have to, before entering a school of osteopathy, have to have a college degree of any kind?

Dr. FISCHER. A great many in all schools have no academic degree.

Mr. SCRIVNER. That is true of your medical schools.

Mr. CUNNINGHAM. That is true in recent years.

Mr. SCRIVNER. Perhaps in the last several years, it is a progressive thing, the same way with law schools.

Mr. CUNNINGHAM. It is not required in all law schools.

Mr. SCRIVNER. Not in Kansas.

Mr. BENNETT. Missouri, too.

Mr. CUNNINGHAM. Supposing our bill was amended the way you suggest, and in addition to having doctors of medicine, have doctors of osteopathy, then how could you, or rather how could this committee justifiably keep out doctors of chiropractic; would you care to comment on that?

Dr. FISCHER. I do not know what the need for chiropractic practitioners is.

Mr. CUNNINGHAM. Suppose they would come here and make a case as good as you have, how would you and your profession feel if it was open to doctors of chiropractic?

Dr. FISCHER. I do not know that I could speak for my profession in that respect.

Mr. SCRIVNER. May I ask this one question, because I am very curious about this thing.

The CHAIRMAN. Proceed, Mr. Scrivner.

Mr. SCRIVNER. What has been the attitude of the United States Public Health Service toward doctors of osteopathy?

Dr. FISCHER. The United States Public Health Service has taken doctors of osteopathy into the service, and they are in uniform.

Mr. SCRIVNER. What kind of service have they been performing?

Dr. FISCHER. I cannot answer that, sir.

Mr. SCRIVNER. So far as you know has there been any complaint on the part of the Public Health Service as to the services they have rendered?

Dr. FISCHER. I am quite sure there has been no complaint.

Mr. SCRIVNER. Is there any place you could find out?

Dr. FISCHER. Yes; we could find that at the office of our national association, they could furnish that information, or, perhaps the Public Health Service could do so.

Mr. ALLEN. Dr. Fischer, will you explain the difference between chiropractic and osteopathy?

Dr. FISCHER. I am not familiar with chiropractic education. Osteopathic education I have outlined here.

Mr. ALLEN. Do they work by manipulation?

Dr. FISCHER. They use a manipulative form of treatment.

Mr. ALLEN. Are they limited solely to that?

Dr. FISCHER. I cannot answer that, in the various States, in my State they are.

Mr. ALLEN. As I understand, then, the osteopath is not limited to manipulating, but is allowed to go beyond that and is not limited but may use surgery; on the other hand, the chiropractor, as I understand it, is limited to manipulation entirely.

Mr. FISCHER. He is in my State, and I think that is quite generally true.

Mr. DOMENGEAUX. Could you give us a definition of your profession?

Dr. FISCHER. I would be glad to.

Mr. DOMENGEAUX. What is it?

Dr. FISCHER. The profession I do not think could be defined precisely.

Mr. DOMENGEAUX. A description then, its function, its purposes, and an understanding of its operation.

Dr. FISCHER. Osteopathy is a school of healing.

Mr. ALLEN. Where did it originate?

Dr. FISCHER. It originated out in the Middle West at Kirksville, Mo., in 1873.

Mr. CUNNINGHAM. They have a college out there?

Dr. FISCHER. Yes, sir; and a big one. Osteopathy is a school of medicine which includes all forms of treatment, and that treatment can be subdivided into three types; mechanical, chemical, and the use of special instruments. The osteopathic school deals rather heavily and places considerable emphasis on the mechanical, but it uses all the other methods also. It does not limit itself, it expands itself.

Mr. CUNNINGHAM. So there is a difference between the emphasis that you put upon these things, is there not?

Dr. FISCHER. I will say the difference is largely in the emphasis that is placed upon them.

Mr. CUNNINGHAM. Take for instance the average doctor in some States he can take advantage in these States, he can take advantage of any of these facilities, but the difference lies in the examination which he may be presented with and have to pass? I simply say there is a difference between States as to these various professions, doctors of medicine, doctors of osteopathy, doctors of chiropractic, and so forth.

Dr. FISCHER. Of course, there is a difference in the requirements in the various States.

Mr. CUNNINGHAM. And the doctor of medicine is given the widest range of opportunity, in fact a wide open choice as to what he may do for the patient?

Dr. FISCHER. I understand so.

Mr. DOMENGEAUX. That is true of the M. D. everywhere.

Dr. FISCHER. In all probability.

Mr. CUNNINGHAM. Where do they get these differences in the States?

Dr. FISCHER. I think there is a considerable variation there in the type of State law, but not in the degree that they can practice. In other words, the difference lies very largely in the State law itself.

Mr. DOMENGEAUX. After they are admitted to practice they can do about as much as they want, they can go about as far as the other?

Dr. FISCHER. In general, I would say that is probably so.

Mr. CUNNINGHAM. The State law is not the controlling requirement except prior to admission?

Dr. FISCHER. It has a great deal to do with the matter of admission to practice. I have a definition here, sir, that has been prepared which I would like to present. However, before I come to that I believe in view of these questions, that if I read to you these questions and the answers which have to do with questions and answers in relation to Veterans' Administration policy, which were prepared by the Department of Public Relations, American Osteopathic Association, they may answer a great many of the questions which have been presented here. With your permission I will do so.

The CHAIRMAN. We would like to hear them.

Dr. FISCHER (reading) :

Have veterans' organizations requested the Veterans' Administration to make the services of osteopathic physicians available to disabled veterans?

Yes. The Disabled American Veterans have passed resolutions in three national conventions, and the American Legion has also officially made representations to the Veterans' Administration for utilization of osteopathic services by the Veterans' Administrator.

Does the Federal Government provide the services of licensed osteopathic physicians for treatment of disabled civil-service employees?

Yes. Public Law 558, Seventieth Congress, provides for the services of licensed osteopathic physicians for injured and occupationally ill civil-service employees under the terms of the United States Employees' Compensation Act, as amended.

Is liability of the Veterans' Administration for medical malpractice a deterrent to the use of osteopathic physicians?

No. The law of Veterans' Administration malpractice liability was occasioned by the malpractice of doctors of medicine. The United States Employees' Compensation Commission is also liable for medical malpractice. The United States Employees' Compensation Commission has used osteopathic physicians since 1938 without malpractice involvements affecting them.

Is osteopathy of national scope?

Yes. Osteopathy is the only school of medicine—other than that represented by M. D.'s—the practitioners of which are legally licensed and practicing in all the States.

Are practice rights of doctors of osteopathy equal in all the States?

No. Practice rights range from unlimited licenses to practice medicine and surgery or osteopathy and surgery, to osteopathic manipulation only. Thirty States license doctors of osteopathy to practice major operative surgery.

However, the members of the Medical Corps, H. R. 4225, acting within the scope of their duties, would not be subject to limitations of State practice acts.

Are osteopathic graduates professionally qualified in all branches of the healing art?

Yes. Osteopathic graduates are trained in major operative surgery and the remaining branches of the healing art, including osteopathic manipulation. Many osteopathic licensees become eye, nose, and throat specialists, orthopedists, surgeons, etc. Osteopathic hospitals serve all types of cases.

A comparison of the courses of study in the six recognized colleges of osteopathy and surgery and three representative class A medical colleges is shown in the following chart:

[From the October 1942 Journal of the American Osteopathic Association]

	Recommendations of American Osteopathic Association and American Medical Association		Chicago College of Osteopathy ¹		Des Moines State College of Osteopathy		Los Angeles College of Osteopathic Physicians and Surgeons		Kansas City College of Osteopathy and Surgery		Kirkville College of Osteopathy and Surgery		Philadelphia College of Osteopathy		Harvard Medical School		University of Kansas Medical School		Stanford University School of Medicine	
	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent	Hours	Per-cent
1. Anatomy, including embryology and histology.....	814	18.5	804	16.8	1,024	21	715	14	816	18.7	1,034	24	872	20	440	10.3	768	17	754	17.4
2. Physiology.....	264	6	306	6.4	432	9	231	4.5	252	5.8	288	6.7	362	9	242	5.4	320	7	299	6.2
3. Biochemistry.....	198	4.5	192	4	162	3.5	200	4	108	3.8	126	3	280	6.3	232	5.4	224	5	176	4.1
4. Pathology, bacteriology, and immunology.....	572	13	546	11.4	770	16	562	11	504	12.5	558	13	734	17	479	11	614	13.7	477	11
5. Pharmacology.....	220	5	156	3.2	168	3.5	198	4	192	4.4	108	2.5	80	1.8	129	3	209	4.7	200	4.6
6. Hygiene and sanitation.....	176	4	192	4	60	1.2	168	3.3	126	2.9	90	2	64	1.5	124	3	62	1.4	124	3
7. General medicine.....	1,166	26.5	1,547	32.4	1,200	25.6	1,573	31	1,220	30	1,242	30	1,070	24	1,219	28.5	1,301	29	1,123	25.9
8. General surgery.....	770	17.5	703	14.7	474	10	985	19	1,003	14	1,485	11.3	700	16	1,705	16.4	1,089	15.4	698	16.2
9. Obstetrics and gynecology.....	220	5	323	6.7	464	10	437	8.5	378	8.6	232	6	298	4.7	317	7.4	239	6	308	7
Total.....	4,400	100	4,772	100	4,844	100	5,079	100	4,862	100	4,274	100	4,400	100	4,271	100	4,454	100	4,324	100

¹ Amended.

Will the Veterans' Administration authorize out-patient service by licensed doctors of osteopathy?

No. The Veterans' Administration has instructed all regional officers to deny requests of veterans for authorization of professional services by licensed doctors of osteopathy.

Many veterans are in small towns where the only available physician is a licensed doctor of osteopathy. Approximately 25 percent of the 10,000 duly licensed and practicing osteopathic physicians are located in towns under 5,000. Duly licensed osteopathic physicians are located in all the States, the District of Columbia, Hawaii, and Puerto Rico.

Would direction and supervision of services of osteopathic physicians by a Medical Director who is a doctor of medicine occasion disruptive difficulty?

It need not. The Medical Director, M. D., of the United States Employees' Compensation Commission exercises direction and supervision over the services of osteopathic physicians and surgeons to Federal civil employees, without disruption or difficulty. Osteopathic graduates intern in a number of medical hospitals under the direction and supervision of doctors of medicine without friction.

The Veterans' Administration Medical Director is surrounded by advisers. An osteopathic physician who is a specialist in osteopathic manipulation should be made an adviser.

The legal status of osteopathy in the United States may be summarized as follows:

In eight States and the District of Columbia—Colorado, Delaware, District of Columbia, Kentucky, Massachusetts, New Hampshire, New Jersey, Ohio, and Texas—osteopathic and medical candidates take the same examination before the same examining board and receive identical or equivalent licenses to practice. In the remaining States the examining and licensing boards are osteopathic, medical, or mixed, and grant limited or unlimited licenses as the case may be. In 28 States—the District of Columbia, Florida, Georgia, Hawaii, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming. In most of the remaining jurisdictions, osteopathic candidates may resort to minor surgery on proper occasions. Minor surgery may be said to be the surgery usual to the office practice of a general practitioner.

All States require graduation from a professional osteopathic college. Every State requires high-school graduation and college work as a prerequisite for entrance to the professional osteopathic college; while this requirement is not specifically mentioned in some States, it is implied by the fact that students must graduate from approved osteopathic colleges, and these colleges require high-school graduation and at least 2 years of college work for entrance.

The CHAIRMAN. I think that is most informative. Do you have anything else?

Dr. FISHER. Yes. I should like to read a definition of osteopathy which was gotten up by Walter J. Greenleaf, specialist, Occupational Information and Guidance Service. In that he says that osteopathy is the school of medicine or the art and science of prevention and treatment of disease and injury which majors in manipulation and includes surgery and the other branches—specialties—of the healing arts. [Reading:]

The osteopathic practitioner, according to the Dictionary of Occupational Titles, Supplemental Edition II, issued by the War Manpower Commission, July 1943, diagnoses, prescribes for, and treats diseases, disorders, and conditions of the human body, in accordance with the scope of regulatory laws in all the States; majors in manipulative procedures for the detection and correction of disorders and affections of the bones, muscles, nerves, blood vessels, and other tissues of the body structure; employs auxiliary medical appliances, devices, and other aids to diagnose, and to support, immobilize, or otherwise adjust bodily impairments and, as legally qualified in varying degree in most States, practices obstetrics, surgery, internal medicine, or other branches—specialties—of medical science.

Mr. DOMENGEAUX. That general definition carries about the same privileges that a doctor of medicine carries?

Dr. FISCHER. The same training, the same skill.

The CHAIRMAN. Thank you very much, Doctor.

Mr. PICKETT. There is one question I would like to ask the Doctor. As a matter of professional feeling rather than personal feeling in the matter, is there a professional jealousy on the part of M. D.'s toward osteopathic physicians and vice versa?

Dr. FISCHER. I think only insofar as personalities are concerned. I have a great many friends who are practitioners of medicine. I have friends who are M. D.'s, who come into our hospital in consultation. I have gone into consultation in medical hospitals. I think that that question is a matter of personality rather than a matter of institutional or association practice.

Mr. CARNAHAN. Do osteopathic doctors attend the same clinic as M. D.'s?

Dr. FISCHER. We attend those that permit us to attend.

Mr. ALLEN. Do you have medical doctors that call you into consultation about cases?

Dr. FISCHER. We have medical doctors come into our hospital in consultation, and personally I have been in medical hospitals in consultation.

The CHAIRMAN. Thank you very much, Doctor.

Dr. FISCHER. I thank you, gentlemen.

The CHAIRMAN. Gentlemen, I have a letter from Dr. Sterling Mead, representing the American Dental Association, suggesting some amendments in the bill. He attaches a copy of a bill with his suggested amendments written into it. I question whether we should try to insert that in the record or keep it on the desk until we go into the question of dentistry.

Mr. SCRIVNER. What does it provide, in substance?

The CHAIRMAN. I will read his letter. It is dated October 10, 1945, and reads as follows:

DEAR CONGRESSMAN RANKIN: I appreciate very much your kind consideration of the problem of dentistry in relation to bill H. R. 4225.

As president-elect of the American Dental Association I would respectfully urge that the bill be entitled "To establish a department of medicine, surgery, and dentistry in the Veterans' Administration."

He has that amendment written into the bill, into the title of the bill. Then he continues:

As you now, dentistry in civil life is completely autonomous in its schooling, literature, State board, and so forth, and has no direct connection with medicine. In the services there is a bureaucratic tendency to feel that dentistry is a part of medicine, which is detrimental to the dental service in that dentistry can never control their own department, which is not natural. The wording of this bill in that regard on page 3 is satisfactory to us.

On page 23 I would suggest elimination of section 18, as this might be construed to mean that the veterans' service could take dental officers out of the Army and Navy and put them in the veterans' service without their permission. It would seem to us that the best plan is to obtain, in the regular manner competent men and pay them well and get them with their own consent. We, therefore, do not like this section.

In section 19, page 23, in line 15, after the word "professions", we would like to have inserted the following wording, "one of whom shall be a dentist." This

would mean one member of the advisory board would be a dentist, which General Hawley has agreed to.

I will be glad to appear before your committee at any time for a further discussion of this matter.

Thanking you, I am,

Sincerely,

STERLING MEAD.

Now, I think we had better keep this letter on the desk for the present.

Mr. SCRIVNER. He does not propose any major changes?

The CHAIRMAN. No. That will conclude the hearing for today.

(Whereupon, at 3:40 p. m., the committee went into executive session, at the conclusion of which the committee adjourned.)

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